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Social Work Supervision Through a Relational-Cultural Theoretical Lens

Abstract

The following is a comprehensive literature review accompanied by a theoretical/conceptual article related to social work supervision and Relational-Cultural Theory (RTC). The project reviews the foundational principles of social work supervision, Relational-Cultural Theory, and cultural competence in social work. The project explores the application of RCT to social work supervision, inclusive of issues faced related to racial and cultural differences. Particular attention is paid to understanding the unique attributes and challenges faced in agency-based social work supervision.

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Social Work Supervision Through a Relational-Cultural Theoretical Lens

Lisa Eible

LITERATURE REVIEW and ACCOMPANYING PAPER

in

Social Work

Presented to the Faculties of the University of Pennsylvania

in

Partial Fulfillment of the Requirements for the

Degree of Doctor of Social Work

2015

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Dedication

Sidney, you are more than I thought possible. Thank you for choosing me. There are no words of gratitude for all you have done to make my dreams come true.

Carol, in continued gratitude for a Relational-Cultural partnership. I would know nothing about RCT without the experience of you.

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Project Abstract: The following is a comprehensive literature review accompanied by a theoretical/conceptual article related to social work supervision and Relational-Cultural Theory (RTC). The project reviews the foundational principles of social work supervision, Relational-Cultural Theory, and cultural competence in social work. The project explores the application of RCT to social work supervision, inclusive of issues faced related to racial and cultural differences. Particular attention is paid to understanding the unique attributes and challenges faced in agency-based social work supervision.

Project Overview

The following literature review and accompanying paper will examine the topic of social work supervision through the lens of Relational-Cultural Theory (RCT) with the intention of answering the following research question: How does Relational-Cultural Theory apply to and strengthen social work supervision and the supervisory relationship? This paper will address the gaps in literature and theory by exploring contemporary themes of supervision through RCT's feminist lens, inclusive of cultural competence issues. Staff social work supervision in contemporary agency settings will be highlighted, including medical and behavioral health agencies which have faced numerous structural and fiscal changes in recent years. The project will explore staff social work supervision in contemporary agency settings, such as medical and behavioral health agencies, which have faced numerous structural and fiscal changes in recent years. The focus will be on supervision in agencies where social work services are provided and will include an examination of the types of supervisory functions, including but not limited to, clinical functions. Bogo and McKnight (2006) point out the lack of recent literature regarding social work supervision and comment that supervision literature, practice, and research is not building. They hypothesize that the absence of social work supervision literature is likely linked to hospital/agency cost-cutting practices, lack of reimbursement for social work services, and agency or department downsizing and re-organization (Bogo & McKnight, 2006). The literature review and subsequent paper that comprise this study seek to further social work supervision theory through the application of a lens which offers unique considerations for understanding relationship, power, and emotional growth.

It is proposed that RCT provides a significantly unexplored application to social work supervision theory. RCT provides a framework for understanding social work supervision

through a feminist lens which carefully considers the impact of race and culture, components which are not solidly found in traditional social work supervision literature. The intersection of the two concept areas provides a direction for contemporary social work supervision in social work agencies. For the purposes of this study, a social worker is designated as someone who holds a master's degree in social work from a CSWE accredited graduate program (as opposed to master's degrees in other related disciplines). The focus is on supervision in agencies where social work services are provided and will include an examination of the types of supervisory functions, including, but not limited to, clinical functions. An examination of the literature in the areas of social work supervision theory, RCT, and cultural competence theory will provide the backdrop for the development of an RCT-informed theoretical approach to supervision.

Two papers are included in this dissertation. The format is the University of Pennsylvania School of Social Policy and Practice-approved "One article-length paper accompanied by a critical review of the literature" (Penn School of Social Policy & Practice, 2013, para. 6). The first paper is a formal literature review that examines the following areas:

- history of social work supervision;
- social work staff supervision theory;
- RCT and its application to social work agency settings; and
- cultural competence theory.

The second theoretical/conceptual paper will provide an overview of social work supervision and will apply RCT to specific supervision themes. The proposed second paper includes the following components:

- brief overview of social work supervision;
- brief overview of RCT;

- application of RCT to social work supervision, inclusive of cultural competence themes;
- practice implications for social work supervision, which will include a vignette based on practice experience.
- proposal for a new conceptual framework of social work supervision: A “working with” model(as opposed to more traditional “working over” or “working for” models of supervision).

It is proposed in this paper that RCT provides an unexplored application to social work supervision theory. Specifically, RCT potentially provides a strong framework for understanding social work supervision through a feminist lens which carefully considers the impact of race and culture as significant components of supervision which are not solidly found in traditional social work supervision literature, but are hallmarks of social work practice. The intersection of the two concept areas – social work supervision and race and culture - provides a direction for contemporary social work supervision in social work agencies. Such an approach is perfectly aligned with social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence. (Workers, 2008).

LITERATURE REVIEW

Abstract: The following literature review was undertaken to explore the intersection between social work supervision and Relational-Cultural Theory (RCT). Historical and contemporary social work supervision theories, approaches and empirical data are examined as is relevant theoretical and empirical components of Relational-Cultural Theory. Cultural competence literature is also reviewed and deepens the understanding of supervision and RCT. The literature review lays the groundwork for a new model of social work supervision in agencies, which embodies a “working with” approach.

The following literature review will examine social work supervision through the lens of Relational-Cultural Theory (RCT) with the intention of answering the following research question: How does Relational-Cultural Theory apply to and strengthen social work supervision and the supervisory relationship? The literature review includes an examination of the literature in three main areas: social work supervision, Relational-Cultural Theory, and cultural competence. A historical framework and theoretical overview for each area provides a context for understanding contemporary perspectives and modern day applications.

The formal literature review was conducted in 2012-2013 using the following search terms: “social work supervision” and “social work and cultural competence”. Search engines utilized included google scholar, JSTOR, and Scopus, using search dates 2002-2012. The same search engines were utilized to search “Relational-Cultural Theory” but without date limitations. Additional literature was selected from earlier dates as appropriate or recommended. The Jean Baker Miller Training Institute website was used as both a direct reference, and for the identification of additional resources, including the “works in progress” papers.

Social Work Supervision Theory and RCT

Social work supervision has existed since the profession’s beginnings in the United States (Tsui, 2005). In the last 50 years, strong theoretical frameworks for supervision have been provided by several social work leaders, including Munson, Shulman, and Kadushin. Despite this extensive, albeit rather general, focus, there are significant un- or underexplored components of supervision and the supervisory process. Specifically, relational qualities grounded in emerging feminist theory and issues related to cultural competence have not been sufficiently explored in the literature to date.

RCT provides a modern theoretical perspective through which social work supervision can be viewed. RCT is focused on the relational quality of experiences, the healing and work done within such experiences, and the prospect for future relational growth. Further, proponents of RCT recognize the impact of race and culture in relational experiences and demonstrate a willingness to examine these often difficult areas. RCT posits that growth-producing relationships result in additional growth-producing relationships. In light of this proposition, it makes sense that the social work supervision experience should be a central growth-producing experience in social work practice, and that attention to supervision experiences would result in enhanced effectiveness with clients.

This literature review includes an examination of the critical literature in three main areas: social work supervision, Relational-Cultural Theory, and cultural competence. Such a review provides a context for understanding contemporary perspectives and modern day applications. It is proposed that a comprehensive literature review which explores supervision research and theory with an emphasis on the application of RCT, including features related to cultural differences and cultural competence, will further contemporary social work supervision theory and practice.

What is Social Work Supervision?

The definition of social work supervision has evolved to what appears to be general agreement in the literature that there are three basic functions of social work supervision: educational functions, supportive functions, and administrative functions (Kadushin & Harkness, 2002; Munson, 2002; Shulman, 1993). Educational supervision focuses on improving supervisees' knowledge and skills through developing greater self-awareness (Barker, 1995; Munson, 2002; Bogo & McKnight, 2006) as well as direct teaching about all aspects of social

work, including practice with the client, the team, the professional environment, and the relevant political and social systems (American Board of Examiners in Clinical Social Work, 2004).

Supportive supervision provides encouragement, reassurance, and autonomy (Kadushin & Harkness, 2002) in an attempt to maintain social workers' morale and job satisfaction (Bogo & McKnight, 2006). Administrative supervision includes the overseeing of cases, monitoring of assessments, intervention planning, and ongoing work to assist social workers in implementing agency policies and procedures and working within the structure of the agency (Bogo & McKnight, 2008; Shulman, 1993). Bogo and McKnight (2008) note that administrative supervision is designed to ensure the public that competent practice and effective service is delivered. Finally, administrative supervision involves evaluation of work performance, including career advancement and salary considerations (Gibelman & Schervish, 1997).

Several authors note the distinction between agency-based social work supervision which includes educational, supportive, and administrative functions, and clinical social work supervision which emphasizes educational and supportive supervision and is less likely to focus on administrative functions. Bogo and McKnight (2006), in their review of the definition of social work supervision, point out this emerging distinction between agency supervision and clinical supervision:

Gibelman and Schervish (1997) . . . defined clinical supervision as not necessarily agency-based or concerned with practice in an agency context. Rather, clinical supervision focuses on the dynamics of the client situation and the social worker's interventions. Hence it is more likely to include only educational and supportive features. (p. 52).

The focus in this paper will be on agency-based social work supervision, inclusive of clinical, educational, and administrative features. It is proposed that the features of agency work include additional supervisory concerns and elements which may not be present in “pure” clinical supervision, especially when considered in a private practice context. Bogo and McKnight (2006) note that the “supervision of workers is provided to ensure that services to clients are offered in an effective and efficient manner. When educational and supportive functions are provided, they are in the service of this broader goal” (p. 50). It is proposed that the unique features of agency supervision, including agency agendas and politics, agency stress and function/dysfunction, and the role of the social work supervisor as a middle manager, bring unique relational challenges which call for updated theoretical attention.

Historical Overview of Social Work Supervision

It is important to discuss the history of social work supervision in order to demonstrate the relative consistency of social work supervision theory over time and to provide justification for a new social work supervision model which is more didactic in nature. The development of social work supervision as a practice in and of itself led to the simultaneous emergence of social work supervision theory. This section will trace the first documented roots of formalized supervision at the Milford Conference in 1929, explore the attitudes and theory surrounding social work supervision since that time, and provide a framework for contemporary social work supervision which is more inclusive of RCT themes of mutual exchange, mutual growth, and mutual impact (Kadushin and Harkness, 2002; Shulman, 2010; Jordan, 2009),

Early History of Social Work Supervision. At the 1929 Milford Conference, the role of supervision was formalized for the first time (Munson, 1979). The conference also served to further the rigor of supervision, and consensus was reached regarding supervisory functions:

“We believe in general that the supervision of a staff should be conceived of as having two functions: first, to keep the work of the agency up to the standard it has set for itself, and second, to promote the professional development of the staff” (as cited in Munson, 1979, p. 33).

The educational focus for social work education and practice was further established when field work originally required students to receive supervision from a member of the American Association of Social Workers (Raskin, 2005).

Tsui (2005) notes that in the 1920s and 1930s, with the rise of psychoanalytic theory, supervision practices shifted. Interest and application of psychoanalytic theory, and in particular the unconscious, resulted in supervisory sessions becoming similar to analytic sessions, where the social worker was expected to share personal thoughts, feelings and experiences, and the role of the supervisor was to analyze both the worker and the client. This shift laid the groundwork for further exploration in supervision of themes related to use of self and parallel process in which the supervisory relationship has many of the same features as the social worker-client relationship (Tsui, 2005). For example, a 1935 paper from Dorothy Hutchinson demonstrates the beginnings of thoughts related to social workers’ own self-awareness and the use of self in the supervisory relationship. It is in the “freedom” of the relationship, Hutchinson maintains, where growth occurs for both the supervisor and supervisee:

The supervisor-worker relationship should be a growing, dynamic one in which each is free. The supervisor is essentially a leader and a teacher of workers and does not impose herself or her ideas on the worker. She assumes responsibility for the worker in that it is her job to attend to the worker’s thoughts and feelings and how these impact the worker - client relationship. (As cited in Munson, 1979, p. 37).

Midcentury History: 1940-1970. In the 1940s and 1950s, questions began emerging regarding the need for ongoing and continuous social work supervision (Austin, 1942; Bacock, 195; Schour, 1951; as cited in Tsui, 2005). Tsui (2005) notes that with the establishment of the National Association of Social Workers in 1956, social work became further professionalized. With such professionalization, there were two developments; first, some advocated autonomous practice, noting the absence of an ongoing need for social work supervision once the social worker had a master's in social work and two to six years of supervised experience (Tsui, 2005); and second, the development of the Council on Social Work Education in the 1950s the requirement that supervisors for social work students needed to be trained field instructors. (Raskin, 2005 in Bogo and McNight, 2008, p. 50).

The theme of the quality of the relationship between supervisor and supervisee, raised by Hutchinson in 1935, continued to emerge more fully in the 1950s. In a 1953 publication, Elizabeth Zetzel compared the supervisor-supervisee relationship to the client-worker relationship, and noted that there were educational and therapeutic processes at play in both (as cited in Munson, 1979). While the parallel to the client relationship in terms of insight was noted earlier by Hutchinson, Zetzel's work represented a shift and closer alignment with the analytic trend of the time. Thus, psychoanalysis had a particular impact on the social work practice of supervision.

Munson (1971) maintains that the 1950s and 1960s saw a shift in the foci of social work supervision. There was a movement from supervision as a type of therapeutic dyad, to supervision seeking to "clarify, consolidate, and coordinate" teaching and administrative functions (Munson, 1971, p. 54). Scherz (1970) asserts that the role of the supervisor is an administrative one, both in the teaching and in fulfilling agency responsibilities. She maintains

that the previous expectations of supervisors knowing and monitoring details of worker caseloads are no longer possible or desirable; the worker is responsible for the caseload and the supervisor is available to support, train and advise. Scherz also proposes an evaluation role of the supervisor (1970 as cited in Munson, 1971).

Tsui (2005) notes that it was in the mid-1960s when the difference between staff supervision and student supervision was noted with regard to concept, methodology, and practice. (p.4). In 1963, Stiles acknowledged a controversy in social work supervision, namely, the model of perpetual supervision, in which workers became dependent on supervisors. This was thought to resemble psychoanalysis and some believed it limited the personal development of workers. Stiles (1963) outlined an administrative role for supervisors. In this role, supervisors assumed a liaison responsibility between workers and clients, agency leadership, and groups of clients, and as a link to the external community. In this role, the primary function of the supervisor was to ensure that high quality services were delivered to clients.

Social Work Supervision Theory 1970-2000. Prevalent themes in social work supervision theory from 1970 to 2000 included the discussion of the multiple roles of worker and supervisor in the context of an agency. Awareness developed of social workers and their supervisors not only as providers of service, but also as communicators of policy.

During the 1970s, the emergence of a new definition of social work supervision and the roles of supervisors permeated the literature thereafter, defined by Kadushin (1976) as follows:

A social work supervisor is an agency administrative staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate on-the-job performance of the supervisee for whose work he is held accountable. In implementing this responsibility the supervisor performs administrative, educational, and supportive functions in

interaction with the supervisee in the context of a positive relationship. The supervisor's ultimate objective is to deliver to the agency clients the best possible services, both quantitatively and qualitatively, in accordance with agency policies and procedures. (Kadushin, 1976)

Literature during this time period also focused on the "training up" of social workers to become supervisors. The changing definition of social work supervision as discussed in the *Encyclopedia of Social Work* from 1965 to 1987 also reflected the multiple roles in supervision:

In 1965, social work (supervision) was still defined as an educational process; however, in the following three editions, the definitions were more administratively oriented (Encyclopedia of Social Work, 1965, 1971, 1977, 1987). For example, the 1987 edition states that the new emphasis on the managerial functions of supervision reflects that an organic integration of the administrative and educational foci of supervision is crucial to enhancing the quality and productivity of human service organizations. (Tsui, 2005, p. 8-9).

The administrative focus of social work supervision and practice which emerged in the 1960's has become a cornerstone of contemporary agency practice.

Contemporary Social Work Supervision Theory. After 2000, supervision theory reflected an emphasis on inclusion of relational components in supervision. While the purpose of supervision remained twofold: (a) to foster the supervisee's professional development, and (b) to ensure client welfare (Bernard and Goodyear, 2014), the quality of the supervisory relationship was seen as the mechanism for achieving the desired results. Additionally, there was recognition that changes in the world have impacted social work practice and social work

supervision, including technological advances, funding changes which impact agencies and methods of practice, and changing client demographics. As a result, there has been a greater awareness that the agency has a role in the supervisory relationship; and issues of diversity and cultural competence in both client-worker and supervisor-supervisee relationships are informed by social work's understanding of cultural competence. The rationale for quality supervision is the continued social work practice goal of providing high quality services to clients. Specific components of supervision will be examined in this section, including parallel process, supervisee expectation, and the co-development of a supervisory relationship and the impact of external factors on supervision.

Parallel Process. To achieve the intended clinical outcomes, the literature reflects continued understanding that some of what may be occurring in the supervisory process reflects what is occurring between social worker and client. The notion of a simultaneous reflective process in supervision which mirrors the client experience with the social worker was first noted by Searles (1955) but later was further developed by Ekstein and Wallerstein (1958) who coined the concept "parallel process" which became a standard concept in social work supervision theory (Miller and Twomey, 1999; Ganzer and Ornstein, 2004; Goldstein, E., Miehl, D., & Ringell, S., 2009; Shulman, 1993). Shulman (2010) argues that parallel process is central to the supervisory process, and that the skills and responsiveness demonstrated within the context of the supervisory relationship can potentially model what should ideally occur between social workers and their clients.

Supervisee Expectations. Supervision theory has generally derived from the perspectives of supervisors and the voice of the supervisee was not prevalent until relatively recently. The contemporary supervision literature reflects greater concern with the supervisee experience.

What are the components of supervision most valued by supervisees? Bruce and Austin (2001) identified the following components in the literature, which contribute to a satisfactory social work supervision experience: “(1) when the agency provides a supportive and clearly understood work environment; (2) when supervisors exercise leadership and authority based on competence and position; and (3) when workers feel supported by their supervisors” (p. 87-88).

Bogo and McNight (2006) note:

Supervisors are prized who (a) are available, (b) are knowledgeable about tasks and skills and can relate these techniques to theory, (c) hold practice perspectives and expectations about service delivery similar to the supervisee's, (d) provide support and encourage professional growth, (e) delegate responsibility to supervisees who can do the task, (f) serve as a professional role model, and (g) communicate in a mutual and interactive supervisory style (Bogo and McNight, 2006, p. 59).

Toward a Co-Developed Supervisory Relationship. It appears that recent literature on supervision has become more egalitarian in nature (Brookfield, 2005; Noble & Irwin, 2009). Literature suggests a movement from the supervisor-expert/supervisee-learner dynamic of traditional supervision to a co-developed relationship. Perhaps the most influential contemporary social work supervision theory is Shulman's theory of “interactional supervision” (Shulman, 1978;. Shulman, Robinson, & Luckyj, 1981;Shulman, 1993; Shulman, 1984, 1991, 2010). In the most recent edition of his classic *Interactional Supervision* textbook, Shulman (2010) outlines the theory of “interactional supervision” which includes five components:

1. an interactional process in which the worker plays an active part in influencing the behavior of the supervisor and the outcome of the process.

2. common or constant elements across settings, disciplines, populations, and problems.
3. universal dynamics and skills that apply to different modes of interactions, including individual and group supervision.
4. parallels between supervision and other helping relationships.
5. supervisor-supervisee working relationship as the medium through which a supervisor can partially influence the outcomes of practice. (p. 12)

Harkness (1997) notes, in one study of the impact of interactional supervision, that supervisors support social workers in supervision specifically through empathy and problem solving skills. He defines empathy in supervision as “sensing workers' feelings and understanding their frustrations,” and notes that problem solving includes a “firm grasp of policy and procedure in the agency, sorting out and examining workers' concerns, and offering suggestions for consideration” (Harkness, 1997, p. 48).

A movement to a more egalitarian stance is consistent with the influence of feminism and the movement to raise awareness and reduce power differentials. The ability of supervisee and supervisor to participate equally and authentically in the supervisory relationship and the quality of the supervisory relationship is directly related to the quality of services provided and consistent with feminist approaches such as RCT (Jordan, Hartling, & Walker, 2004). Miehls (2010) discusses the movement from traditional supervision theories which have their basis in psychoanalytic roots and include such notions as parallel process. He maintains that social work supervision theory has shifted to be more informed by relational and trauma theories, which focus on mutuality, growth, and healing and occur within a co-created partnership between clinician and client.

Flexible Supervision Styles. The contemporary literature also reflects a movement toward a more flexible supervisory style, based on the needs of the individual worker. Bernard describes a model of supervision called “The Discrimination Model” which outlines specific foci on which supervisors might concentrate, and identifies roles supervisors might adapt [or do you mean adopt – either would work], based on supervisee strengths and challenges and the goals of supervision. (Bernard 1979, 1997; Bernard and Goodyear, 2014). Bernard and Goodyear (2014) define foci as the areas to which supervisors attend based on the supervisee and include the following:

- Intervention – what the supervisee is doing in the session that is observable by the supervisor, what skill levels are being demonstrate, how well counseling interventions are delivered, and so on
- Conceptualization – how the supervises understands what is occurring in the session, identifies patterns, or choose interventions, all of which are covert processes
- Personalization – how their supervises interfaces a personal style with counseling at the same time that he or she attempts to keep counseling uncontaminated by personal issues and countertransference responses (2014, p. 52).

Bernard and Goodyear (2014) define the roles that emerge when a supervisor has determined supervisee abilities as a means of achieving clinical goals.

- Teacher – a role assumed when their supervisor believes that the supervisee needs structure and includes instruction modeling, and giving direct feedback
- Counselor – a role assumed when the supervisor wishes to enhance the supervisee reflexivity, especially about their internal reality rather than cognitions

- Consultant – a more collegial role assumed when the supervisor wishes for supervisees to trust their own insights and feelings about their work, or when the supervisor believes it is important to challenge supervisees to think and act on their own (Bernard and Goodyear, 2014, p. 52).

Beyond the Supervisory Dyad: External Factors Impacting Supervision. Another theme in the contemporary literature on supervision concerns the recognition of the external players in the supervisory relationship. When considering the supervisory relationship, Tsui (2005) examines the work of Holloway and Brager (1989), who assert that while the supervisory relationship is typically seen as being between the supervisor and supervisee, in fact, the supervisory relationship is actually a four part relationship that also includes the agency and client. Tsui (2005) asserts that consideration of all four components calls for wider examination of the supervisory context to include agency environmental considerations and proposes a model where the effectiveness of supervision is dependent on the following factors:

- the relationships among the individual parties (the agency, the supervisor, the supervisee, and the client);
- the contract, format, and development stages of the supervisory process;
- the balance among the various supervisory functions; and
- the relationship between the features of supervision and the culture of the external environment.

The impact and presence of the social work agency in the supervision experience can be significant. Social work supervision is increasingly seen by many as a vehicle to achieve the agency's function and mission, asserting the agency's authority, and often offering the agency legal protection, rather than as a conduit for developing the supervisee professionally. The

literature reflects how the agency impacts the relational role of supervision, and how supervision remains a microcosm of agency and external stratifications. Noble and Irwin (2009) state that the supervisory relationship is a “living metaphor” (p. 355) for the worker/client, worker/organization, and worker/community relationships of power.

Furthermore, economic conditions have always had an impact on social work practice (e.g., Great Depression, War on Poverty). Contemporary social work researchers (e.g., Bruce & Austin, 2000; Nobel & Irwin, 2009) note that current economic conditions and changes in recent decades that have led to these conditions, have actually changed social work supervision itself. Specifically, the growing complexity of social service work, the presence and impact of managed care, the move toward privatization of services, the reduced public monies, the changes in client demographics and economics, and the burgeoning amount of information now available through technology have all shaped agency practice and supervision within agencies (Bruce & Austin, 2000; Nobel & Irwin, 2009). Some (e.g., Adams, 2007) note that in the current climate, agency priorities have superseded the supervision values of knowledge and skill development, and many agencies now have fewer supervisors supporting more supervisees while being provided with less time to carry out the associated responsibilities.

Distinguishing Clinical Supervision

A full analysis of clinical supervision is beyond the scope of this paper. However, an outline of working definitions is required for purposes of clarity. The traditional definitions of “clinical supervision” have largely focused on the support and instruction of social workers in settings with a focus on mental health issues and treatment. The clinical licensure is traditionally seen as a “therapeutic” license. I espouse a broader concept of clinical social work.

The use of clinical skills is required in many practice settings that do not, as their primary function, provide psychotherapy (for example, health or social welfare settings). However, it is proposed that there are a unique set of clinical skills required to provide social work services in these settings. Health settings, for example, require a skill set that is indeed clinical; understanding and integrating a biopsychosocial approach, working with clients and their families, working with teams, achieving goal-directed results; all are just a few examples of complex social work activities which require an advanced clinical skill set.

What then, is *modern clinical* supervision? Munson defines clinical supervision as “the interactional process in which a supervisor has been assigned or designated to assist in and direct the practice of supervisees in the areas of teaching, administration, and helping” (Munson, 2002, p. 10). Clinical supervision is a combination of a complex clinical skill set: from the individual worker case consultation, teaching/encouraging/supporting clinical theory applications and approaches, ensuring the presence of evidence based practice, writing and implementing policy and procedures, and managing a department within the context of a larger (often non-host) agency. Munson also notes that, “In modern practice, the emphasis on task-centered, short term, research focused practice has made the distinction between activity and practice paramount in supervision” (Munson, 2002, p. 7). The supervisor in modern settings has a broad practice, which includes many responsibilities beyond direct social work supervision. For example, the supervisor may also have responsibility for workers from other disciplines. In many settings, the supervisor is a highly visible position, and, in some cases, may even be the agency leader. It is maintained that supervision work is most definitely clinical, even when the setting is not a mental health/psychotherapy oriented one.

Additionally, in many states, clinical licensure is highly desired or required. Considered the “advanced” license, the clinical license indicates educational achievement as well as a depth of experience which includes supervised hours of practice. Clinical licensure supports the formal structure of social work supervision, with requirements related to the hours and type of supervision received, identified as prerequisites for obtaining the clinical social work license. Licensure requirements vary state to state, but generally all include specific work components and supervision hours. In Pennsylvania, for example, clinical licensure applicants must have completed 3 years or 3000 hours of “supervised clinical experience....after completing the Master’s Degree in Social Work” (PA State Board of Social Workers, 2011). Further, the supervision must include hours in individual supervision, and the areas of work must include assessment, psychotherapy, consultation, family therapy, group therapy, or other psychosocial therapeutic interventions (PA State Board of Social Workers, 2011). As clinical licensure requires a supervised experience, there remains value in attention to supervision quality.

Empirical Research on Social Work Supervision

The following provides an overview of empirical research related to social work supervision. Tsui (2005) reports the results of an extensive literature review on social work supervision. Searching for empirical literature on social work supervision from 1950 to 2002, he found 34 studies that focused on social workers in human service organizations. He notes that the studies found “can be divided into three categories: basic descriptive studies, studies on supervisory issues, and studies on client outcomes” (Tsui, 2005, p. 139). Further, he notes that qualitative research methods were rarely used, and that “there is a strong need for researchers to conduct qualitative studies that explore the functioning of social work supervision in various cultural contexts” (Tsui, 2005, p. 141).

Further, Tsui (2005) found that of the 34 studies, 16 involved the supervisor and supervisee (but only one actually focused on the supervisor and supervisee dyad itself), eight focused on the supervisor, nine on the supervisee, and only one focused on client outcomes. Bogo and McKnight (2006) note that a study relevant to contemporary social work supervision themes was Hensley's (2002) qualitative doctoral study of ($N = 20$) social workers' views of cure and their own experiences in personal therapy and supervision. Bogo and McKnight (2006) note that the results of this study point to the influential nature of the supervisory relationship as perceived as central to healing, and the findings included the numerous ways in which the participating social workers had positively experienced supervision: skill development, often related to theory; professional growth and support; role-modeling of professional and personal qualities; and mutuality through an interactive supervisory relationship (Bogo & McKnight, 2006, p. 58).

Harkness and Hensley (1991) researched different styles of supervision and the impact on client satisfaction. They found that client satisfaction was greater when the focus of supervision was more particularly on client problems and issues. "The findings suggest that social work supervision affects clients, and that client satisfaction improves if supervisors ask questions about client problems and staff interventions in the context of client outcomes" (Harkness & Hensley, 1991, p. 506)

Finally, Tsui notes that none of the reviewed studies examined the role of culture in the supervision experience. Bogo and McKnight found four supervision studies that included cultural competence themes, but only one specifically focused on the perceived cultural competence of the supervisor. Surprisingly, this study revealed that "there was no difference between Hispanic and non-Hispanic supervisors in respondents' perceptions of supervisors'

application of conventional approaches to supervision and use of parallel process” (Bogo & McNight, 2006, p. 57).

Why is the research on social work supervision so limited? In addition to the economic issues cited previously, perhaps the difficulty in studying the complex supervisor–supervisee relationship is also a factor. Tsui (1997) writes the following:

As there is a hierarchical power relationship between the supervisor and the supervisee, it may well be an extremely delicate and difficult task to elicit information about the supervisory performance of the supervisor, and the job performance of the supervisee, within the organizational setting. These difficulties may explain why there is less research on staff supervision than on student supervision in the social work field. (p. 40)

Relational-Cultural Theory (RCT)

RCT, a feminist theoretical and practice approach has continued to gain ground in therapeutic settings since its introduction in the 1980s. While making a significant contribution to psychological theory and therapeutic practice, the application of the model to a variety of settings and populations is still a work in progress. This paper will explore the model and its components and apply it to social work supervision. It is proposed that the model is well-suited for social work supervision, but that there are additional unique features of supervision that require further development of the theoretical integration between RCT and supervision.

History of the Relational-Cultural Model

In 1976, psychiatrist Jean Baker Miller published a groundbreaking book, *Toward a New Psychology of Women*, which spoke to the unique power of relationship and of women’s experiences in relationships and in the world. In it, she notes that, with all their strengths and challenges and despite their substantial influence in people’s lives, relationships had not been given proper attention in traditional psychological theory. Thus, she hypothesized that the focus

on relationships and one's experience in relationships was devalued in the world, in personal experience, and certainly in psychological theory and practice. Such devaluation has profound consequences on individuals and their corresponding ability to maintain healthy relationships which are at the core of emotional health.

In the 1970s, Miller—together with Judith Jordan, Irene Stiver, and Janet Surrey—began meeting and further exploring relational themes. Their work resulted in the founding of the Stone Center at Wellesley College, which grew into a center for feminist thinking, development of theory, and practice of the model. Initially called *self-in-relation* theory, the approach morphed to the relational-cultural model to reflect convictions that culture acted as a premier component of the relationship. Frey (2013) pointed out that RCT is different from traditional psychodynamic theory due to its feminist perspective, focus on social justice, and relationships as central to human development, but has similarities to contemporary psychodynamic approaches with regard to process. (p. 178). Frey notes that RCT fits with the feminist counseling principles outlined by Enns (2004):

- (a) privileging client perspectives and lived experiences and viewing clients as capable collaborators in moving toward strength-based change;
- (b) emphasizing an egalitarian client-counselor relationship, along with a concurrent awareness of the impact of power differentials related to the counselor and client roles;
- (c) valuing diversity, with an emphasis on exploring the complexity of intersecting social and cultural identities and therapist self-reflection regarding personal privilege and its impact on the counseling process and relationship;
- (d) modeling and fostering personal, interpersonal, and sociopolitical empowerment (Morrow & Hawxhurst, 1998); and

(e) focusing on change rather than adjustment as the goal of counseling, with an emphasis on the overlap between personal issues and broader sociopolitical and socioeconomic considerations (see Enns, 2004, pp. 19–42 for a discussion of all principles). (Enns 2004 as cited in Frey 2013, p.177)

The Stone Center for Developmental Services and Studies was established in 1981 at Wellesley College, with Jean Baker Miller as the Director. In 1995, the Jean Baker Miller Training Institute was created from a merger of the Stone Center and Wellesley Center for Research on Women and was named for Miller in honor of her profound impact on the model (“Our History”, JBMTI, 2014). The work has continued to grow through the contributions of the remaining original group members as well as through many others who have seen the relevancy of the approach. The institute now has over 100 works in direct publication, many in the form of “works in progress” papers, numerous books, and has been cited in over 6,500 publications (Impact, JBMTI, n.d., para. 2).

Overview of RCT

RCT focuses on the quality of human relationships; the relationship is seen as the source of healthy emotional growth. RCT maintains the following premises:

- traditional psychological models do not match women’s (human) experience;
- the goal of development is to become engaged in growth-fostering relationships;
- relatedness and connectedness are critical components to healthy development;
- the value of relationships is often minimized in traditional theories, and women are made to feel ashamed of efforts/focus on emotional connections (“The Development of Relational-Cultural Theory, JBMTI, n.d.)

Themes of connection and disconnection are at the center of the model. The approach maintains that human beings are wired to move in the direction of connection and growth-producing relationships. However, this is not always possible and disconnection can result. The consequences of disconnection are emotional pain, isolation, and damaged trust, and such disconnection can impact one's ability to move forward in other relationships. The goal of all human development, it is maintained, is to develop connected, growth-producing relationships as connected relationships lead to more connected relationships. Miller, in *Toward a New Psychology of Women* (1976), identifies five good things that come from connected, growth-producing relationships:

- a sense of zest that comes from connecting with another person;
- the ability and motivation to take action in the relationship, as well as in other situations;
- increased knowledge of oneself and the other person;
- an increased sense of worth; and
- a desire for more connections beyond the particular one.

The relational-cultural model focuses on the experience of relationship and the impact that relationships, especially close relationships, have on development and on one's life experience. Experiences in previous relationships shape and impact one's current relationships. Past relationships and the growth, pain, or isolation experienced within them, result in "relational images" which then are carried forth to other relationships. The model focuses on concepts of connection and disconnection. The analysis of disconnection, and achieving or re-achieving connection, are at the center of therapeutic work. Central to therapeutic work are the behaviors and attitude of the therapist, which serve as a model for relational experiences. RCT proposes

that individuals and groups “are most productive and creative when we can bring ourselves authentically and fully into relationships and interactions” (Jordan & Romney, 2005, p. 203).

Cultural privilege also contributes to the societal and experiential value of relationships. In the United States, those with cultural privilege can appear more self-sufficient, healthier, and more worthy of privilege, while conversely, those who have less cultural privilege are viewed as deficient and needy (McIntosh, 1988; McIntosh, 1990). The impact on individuals who lack cultural privilege and may have a different experience, background, or approach, is an experience of feeling “less than” or “different from.” RCT challenges traditional Euro-American values and proposes multiple ways of being valued, emphasizing that our relational experiences are far more impactful than societal messaging. Jordan (2004) notes that “the story of our preoccupation with self-sufficiency and autonomy is largely the story of our woundedness, the extent to which the cultural standards of development have warped our natural search for safe and growth-enhancing connection” (p. 48).

Key themes. The relational-cultural approach has several key themes that drive theoretical perspective and practice. The definitions of the themes most applicable to this study are as follows:

- *Mutuality*: Respect and openness to change and responsiveness. Mutuality is not the same as equality (Jordan & Walker; as cited in Jordan et al., 2004).
- *Authenticity*: The capacity to fully represent oneself in a relationship; to bring one’s real experiences, thoughts, and feelings into the relationship (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.).
- *Relational images*: The collection of ideas and experiences we have about relationships, based on past relationships (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.).

- *Shame*: When one feels that he/she is no longer worthy of empathy or love (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.).
- *Connection*: The experience of a relationship that is characterized by mutual empathy and mutual empowerment. This involves emotional accessibility (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.).
- *Disconnection*: The experience of a ruptured relationship, which may include hurt, disappointment, violation (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.).
- *Empathy*: A complex affective-cognitive skill that allows us to "know" (resonate, feel, sense, cognitively grasp) another person's experience. (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.).
- *Humiliation*: An experience where one is made to feel unworthy of connection, placed in a “power under” position, where one experiences feelings of devaluation and disgrace (Hartling, Rosen, Walker, & Jordan; as cited in in Jordan et al., 2004).
- *Mutual involvement*: Speaks to the need to receive support from others *and* the participation in one another’s growth. Mutual involvement is not the same as dependency (Jordan, 2004).

RCT also focuses on “instrumental myths”, which are the ideas that we have as a result of our socialization, and that represent our idealized ways of being which prioritize separation and competition, and minimize the value of relational ways of being. These instrumental myths include the following:

- myth of unilateral change (in an interaction, the less powerful person is changed);
- myth that hierarchy and ranking produces incentives and that people assume their places based on virtue or merit;

- myth that power over others creates safety;
- myth that rational engagement is superior to and at odds with emotional responsiveness.

(Jordan in Jordan, et al., 2004).

The model speaks of “relational flow”, which is the movement in relationships; the cycle of connection, observance of, attention to, and repair of disconnection, and movement back to connection. When one experiences that reconnection is possible, self-esteem remains intact, one can be authentic in the relationship, and trust is built to move into other relationships.

Another concept of central importance in RCT is that of “central relational paradox”, a concept which speaks to the yearning for relationship which is accompanied by fear and previous experiences that lead individuals to behave in a manner which keeps them out of the relationship. RCT notes that such behaviors are protective strategies of disconnection and acknowledges how they become *strategies of survival*. The paradox is that, “The individual alters herself or himself to fit in with the expectations and wishes of the other person, and in the process, the relationship itself loses authenticity and mutuality, becoming another source of disconnection” (“Our Work”, JBMTI, JBMTI, n.d.).

Relational Goals, Relational Awareness and Relational Competence. In our pursuit of connected relationships, we strive for growth fostering relationships, and ultimately relational competence. Features of such relationships include openness to influence, emotional availability, mutual respect and responsiveness. “Relational awareness” is the ability of the clinician to participate relationally in the therapeutic experience. Relational awareness involves self-awareness regarding one’s own patterns of connection and disconnection, the ability to transform flow from disconnection to connection, “being present” with another person and oneself and maintaining an attitude of openness. (Jordan in Jordan et al., 2004). Judith Jordan

writes that, “Relational awareness allows people to address imbalances, pains, and failures of mutuality before they become too big, before impassess develop” (Jordan in Jordan et al., 2004, p. 60). On the continuum of relational work, relational competence is the goal. Relational competence is demonstrated when there are the following attributes in the relationship:

- movement toward mutuality and empathy
- openness to influence
- connection as a priority
- anticipatory empathy, noticing and caring about our impact on others;
- relational curiosity
- experiencing vulnerability (Jordan in Jordan et al., 2004).

Characteristics of the Relational-Cultural Clinician. In Relational-Cultural therapy, the primary role of the therapist is to facilitate “movement” in the relationship. Movement is the ability to help the client move from experiences of disconnection to experiences of connection, mutuality and authenticity. This is primarily accomplished through therapeutic authenticity, where the therapist stays with the thoughts and feelings occurring in the relationship and movement toward connection. RCT identifies characteristics that are required for effective Relational-Cultural therapy, which include: expertise in disconnection

- openness to relationship
- authenticity
- quality of presence
- empathy
- protection of vulnerability

- statement of one's own limits, not limits on client (Miller, Jordan, Stiver, Walker, Surrey & Eldridge, in Jordan, Walker & Hartling, 2004, p. 64-89).

When the therapist exhibits these traits in the clinical encounter, the client experiences connection and empowerment, and is then able to move toward connection in other relationships.

RCT Understanding of Power

RCT provides a language and conceptual construction to understanding power and its impact on relationships. An RCT approach to supervision would include an understanding of power in the supervisory relationship and acknowledge and understand the impact of power on the quality of the relationship. This is particularly important when there are racial or cultural differences between supervisor and supervisee. Theoretical concepts of power continue to develop but remain a central premise of RCT and are applicable to social work supervision. A brief literature review related to the RCT-informed concept of power follows in this section.

Power, within the scope of RCT, is defined as the “capacity to produce a change” (Miller, 1968, p. 198). The theory makes a distinction between “power over,” which is exercised by those with privilege and serves to maintain such privilege through the oppression of others, and “power with,” which is the embracement of collaborative efforts that promote creativity, action and growth (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.). Walker (2008) points out that in American culture, the definition of power has morphed into “power over” where there are “‘winners’ who attain the social ranking and material accoutrements that signify value” (p. 130). Walker makes the case that “power over” arrangements transform into an accepted hierarchical paradigm where the subordinate voices are marginalized. Miller (as cited in Walker, 2008) notes that traditional understandings of power are deceptive, as they can appear individualistically achieved but are really the results of entire systems of support which are invisible. Those in

society who do not have such supports are seen as “‘less than,’ less competent, less capable, less committed” (Walker 2008, p. 135). Further, Walker (2008) notes that what has been perceived as women’s discomfort with power has been attributed to women’s inadequacies, but might actually be seen as women’s discomfort with “the flaws of the dominant paradigm” (p. 132) and the perception that “power over” comes with relational consequences which may be inconsistent with women’s values. This is not simple work. Walker (2010) spoke to RCT’s unsteady approach in understanding and exploring themes related to power, stating that “Relational-Cultural Theory has grappled with issues of power. I consciously use the word grapple because it connotes collective struggle, political risk, and interpersonal discomfort” (p. 131). However, Walker went on to note, “To disavow power is not an option. The option is to choose how to relate to and through the power that one has” (2010, p. 133).

RCT Research

A full analysis of RCT-related research is beyond the scope of the proposed project, but it is worth noting that studies have found that RCT provides a lens through which themes of isolation, disconnection/distress, and depression can be understood. In addition, there is growing evidence that RCT approaches facilitate emotional healing. For example, several studies have shown that relational quality is related to improved self-esteem and decreased feelings of loneliness (Liang, Tracy, Taylor, & Williams 2002); improved relational quality leads to decreased psychological distress (Frey, Tobin, & Beesley, 2004); and improved relational quality provides the opportunity for relational repair throughout the lifetime (Frey, Beesley, & Miller, 2006). Spencer, Jordan, and Sazama (2004) studied youth relationships with important adults in diverse settings and found that “mutuality, respect, authenticity and active engagements are core characteristics of positive relationships” (as cited in Frey, 2013, p. 180). Studies related to eating

disorders have also validated the RCT framework (Sanftner et al., 2006; Sanftner, Ryan, & Pierce 2009, Sanftner, Tantillo, & Seidlitz, 2004), as have studies related to women's adjustment to cancer (Kayser, Sormanti, & Strainchamps, 1999; Sormanti, Kayser, & Strainchamps, 1997) and work with at-risk mothers and their infants (Paris & Dubus, 2005; Paris, Gemborys, Kaufman, & Whitehill, 2007). Two studies have focused on RCT as a therapeutic intervention. Firstly, Oakley, Addison, and Piran (2004) examined RCT therapy experiences and found significant improvements between pre- and posttests measuring depression, anxiety, psychological well-being, and self-esteem. These outcomes were sustained at the 3- and 6-month follow-up. Secondly, Tantillo and Sanftner (2003) compared outcomes of a cognitive behavior therapy group to RCT groups and found equal clinical outcomes; however, group members perceived higher levels of group mutuality in the RCT cohort.

There are a few studies related to RCT and non-client relationships. Schwartz and Holloway (2012) studied 10 matched pairs of recent master's alumni and their professors, who described having meaningful academic relationships. The authors found that these relationships were "forces for growth and forward movement" and that the participants "discussed feeling energized by their connections, boosts in self-esteem, increased knowledge, movement or the ability to take action, and desire for more connection" (Schwartz & Holloway, 2012, p. 131). The authors note these themes are supported in RCT theoretical literature (Swartz & Holloway, 2012). In addition, Mangione et al. (2011) conducted one of the only studies relating RCT to supervision. Their small qualitative study ($N = 8$) examined psychology supervisor-supervisee dyads and focused on the themes of collaboration, authenticity, power, hierarchy, and reflexivity as they related perceptions of supervision quality. Findings included the following: perceived satisfaction with supervision when reflexivity and authenticity were present, little formal

acknowledgement of power differentials but an awareness and comfort with the established roles, the influence of feminism on supervision (authenticity, openness) and collaboration as a valued component of supervision (Mangione et al., 2011). While this study has application to social work settings and social work supervision, it is proposed that there are significant differences between the experiences of these psychology students who were providing individual therapy and their academic supervisors, and the type of supervision provided by social workers in agencies which the environment and work are complicated by agency issues, politics, and agendas. That said, the study provides a beginning framework for RCT and social work agency supervision.

Cultural Competence

Contemporary social work supervision theory includes acknowledgment and valuation of cultural differences. Demographic and cultural differences add unique complexity to all relationships, including supervisory relationships. The following will explore social work's ongoing understanding of culture and its application to social work supervision.

What is Cultural Competence?

The term "culture" was first used by Tylor in 1871 to refer "to a complex whole that includes knowledge, belief, art, morals, laws, customs, and other capabilities and habits acquired by a member of society" (as cited in Tsui 2005, p. 45). Tsui (2005) defined culture as an abstract concept that includes "a shared system of concepts or mental representations, established by convention and reproduced by transmission" (p. 45).

According to the *Encyclopedia of Social Work*, cultural competence in social work is "the capacity to function effectively as a helper in the context of cultural differences" (Cross, 2007 as cited in Cross, 2008, p. 2). Cross, Bazron, Dennis, and Isaacs (1989) have defined cultural

competence at the organizational and systems level as “a set of congruent policies, structures, procedures, and practices that together enable and empower social work service providers to work effectively in cross-cultural situations” (para. 2). Additionally Derald Wing Sue (2006) defined cultural competence as “the ability to engage in actions or create conditions that maximize the optimal development of client and client systems” (p. 29). A progression in thinking regarding social work and culture has occurred. Lum (2007) described the progression to culturally competent practice as including ethnic sensitivity, cultural awareness, and cultural diversity.

Specifically, Cross (2008) proposed five conditions for the development of culturally competent practices: “(a) awareness and acceptance of difference, (b) cultural self-awareness, (c) understanding the dynamics of difference, (d) developing cultural knowledge, and (e) adaptation of practice skills to fit the cultural context of the client” (p. 8). Sue (2006) defined culturally competent social work practice as:

the service provider’s acquisition of awareness, knowledge and skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies and organizational structures that are responsive to all groups. (p. 29)

Further, Sue (2006) described cultural competence as occurring in three major domains:

- a) the attitudes/beliefs component – an understanding of one’s own cultural conditioning that affects the beliefs, values and attitudes of a culturally diverse population;
- b) the knowledge component – understanding and knowledge of the worldviews of culturally diverse individuals and groups; and

- c) the skills component – an ability to determine and use culturally appropriate intervention strategies when working with different groups in our society. (pp. 29–30)

Cultural Competence and Supervision

The late 1960s and 1970s saw recognition of the importance of understanding and acknowledging racial differences between social worker and client. This perspective continued through the mid-1980s, in which a few articles examined the role of race and culture in social work supervision (e.g., Ryan & Hendricks, 1989). Tsui (2005) stresses that “social work supervision is a part of a complex theoretical and professional value system and service network situation inside a particular culture. Therefore, it can only be understood as a part of the cultural context of the participants” (p. 46). What follows is an examination of the empirical research related to cultural competence and social work supervision, including the complex theme of racial and cultural differences between supervisor and supervisee. It is proposed that the impact of race and culture on the supervisory relationship is woven within and throughout any discussion of relationship between supervisor and supervisee.

History of Cultural Competence in Social Work Supervision

From Multiculturalism to Cultural Competence. It took a long time for the field of social work and supervision to acknowledge that archetypes about particular groups might be used to understand behavior, traditions, and patterns of interactions. The literature alludes to themes of difference or unique practice required for particular groups beginning in the late 1960s. This type of thought developed into the multicultural movement in the 1970s that continued throughout the 1990s. The focus on culturally competent social work practice began from around 2000 and continues to the present (Cross, 2008).

The concept of cultural competence is relatively new to social work, though there is a history of focus on areas of difference, particularly racial and ethnic differences. Culturally competent social work has been evolving, leading to the ideas of competency that exist today. Cross (2008) outlines a history of cultural competence as beginning in the 1950s and 1960s with the civil rights movements, the War on Poverty and the Great Society programs. He notes that through these efforts into the 1970s and 1980s, broad educational initiatives within social work, which had previously been primarily all-white endeavors, began to include diversity. Further, Cross (2008) maintains that while there were newly educated social workers of color, they, too, noted that their education lacked training specific to working with diverse populations. Lastly, Cross (2008) indicates that what began in the 1970s as an effort to include education regarding specific ethnic groups, later became “cultural competence” with specific and defined educational and professional development goals. Currently, the Council on Social Work Education has standards related to social work practice and diversity. The 2008 guidelines indicate the following:

Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers

- recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power;

- gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;
- recognize and communicate their understanding of the importance of difference in shaping life experiences; and
- view themselves as learners and engage those with whom they work as informants.

(Council on Social Work Education, Educational Policy and Accreditation Standards, 2008, p. 4-5. Retrieved April 15, 2014 from <http://www.cswe.org/File.aspx?id=13780>)

Empirical Data Related to Culture and Social Work Supervision. A 1989 article by Harkness and Poertner outlines a specific research agenda for social work supervision. They proposed that such an agenda includes three major components: a reconceptualization of supervision which would include differing operational definitions; supervision theory informed by observation and analysis of behavior; and, measurement of client outcomes (Harkness & Poertner, 1989). Still, in 2005, Tsui notes that culture in supervision continued to be neglected in social work supervision research. Tsui notes the dearth of empirical studies in this area and observes that “the important question of how to practice supervision in a specific culture in a multicultural setting has not been addressed in any of the published empirical literature” (2005, p. 47).

The empirical literature that exists is dated and largely focused on student-field instructor supervision. The following section will examine a few relevant studies in this area, which may have application to professional social work supervision.

Cultural Competence and Social Work Supervision Research. There appears to be very little in the social work literature regarding social work *staff* supervision, as most of the

literature relates to student supervision. Cultural competence and social work student supervision first appears in the social work literature in the 1980s. Muriel Gladstein and Mildred Mailick (1986) published some of the earliest work related to cultural competence in social work supervision. While their focus was on the needs and experiences of minority social work students in their field placements, their observations may be applicable to the professional supervisory relationship as well. The authors outline specific attributes that characterize culturally competent field instruction practice and consider how these features play into the needs and expectations of both field instructors and students. Specific cultural styles and features may require knowledge and interpretation from the field instructor. For example, the authors note that Asian students may have expectations of field instructors that include the provision of specific and critical feedback and the provision of specific direction (Gladstein & Mailick, 1986). Students from other cultural groups may demonstrate cultural norms that include deference to superiors, avoidance of seeking help, and hiding parts of their own cultural experience, which may create challenges to learning in the social work field experience, where “American” learning styles prioritize active learning styles and include frequent and direct communication, a more egalitarian didactic, and a use of one’s authentic self in supervision.

Further, McRoy, Freeman, Logan and Blackmon (1986) focused on culture in supervision. They indicate that “little attention has been given to cross-cultural issues in social work supervision. This may be due to our limited knowledge about cross-cultural client/worker relationships and our lack of understanding about the effects of race on power relationships in supervision” (McRoy et al., 1986, pp. 50-51). Additionally, they focus on the implications of racial differences between student and field instructor, and conducted an exploratory study on the issue. The authors examined 42 field instructor-student dyads in which there were racial or

cultural differences within the partnerships. While the authors found little evidence of actual problems in the dyad, there was significant concern from both parties related to potential issues, and that when issues arose, there was reluctance to explore them through a cultural lens:

Since the field instructor's role is perceived as particularly powerful by both students and instructors, there appears to be a tendency for students to retreat from open discussions about actual or potential cultural conflicts with either field instructors or clients. Despite the fact that most students perceived their field instructors as sensitive to cultural differences, they still displayed reluctance to confront them with problems.” (McRoy et al., 1986, p.55)

It is likely true that such reluctance to engage in culture-related conversation exists in supervisory relationships today, with the power and hierarchical considerations in work relationships persisting. So, the question remains, how does one move this issue forward, knowing the constraints and limitations? How do supervisors and supervisees create an authentic, mutual relationship that includes acknowledgement of and conversation about difference?

Application of Relational-Cultural Theory to Social Work Practice and Supervision

This paper examines the major themes of RCT as they pertain to social work supervision in contemporary social work agency practice. It is proposed that relational-cultural themes are present in all relationships, including supervisory relationships. A few of these themes, including mutual involvement, shame and humiliation, and relational images, will be examined as examples of concepts to be explored.

RCT brings an understanding of the universal need for connected relationships to psychological theory and understanding of the human condition and experience. While RCT is

becoming more developed with time as it relates to the client experience, little has been written that relates RCT to the social work supervision experience. The following proposes a beginning framework for application of RCT to social work supervision, including special considerations for working cross-culturally.

The Relational-Cultural Supervisor

Relational–Cultural social work supervision mirrors many of the same components required for effective therapy. The supervisor, similar to the reflective role of the therapist, is in the position to model desired social work skills in day-to-day routine work and in ongoing social work supervision. “Initial supervisory tasks include the provision of thoughtfulness and respect, holding: the goal of helping the client change, and guiding the supervisee to step into a professional healing role that is imbued with authentic responsiveness” (Jordan, 2004, p. 26).

One of the goals of effective supervision is to help the supervisee apply to practice the skills learned through supervision. In modern social work settings, such skills are not only traditional clinical skills for therapeutic work, but also the skills needed for successful work with others in the department and intra agency collaboration. The goal of strong social work practice and supervision is relational competence. Relational competence in the supervisory relationship, similar to in the therapeutic dyad, is demonstrated through movement toward mutuality and empathy; openness to influence; connection as a priority; anticipatory empathy which includes noticing and caring about our impact on others; relational curiosity; and experiencing vulnerability (Jordan in Jordan et al., 2004). These features combine to define the supervisory relationship and set the tone for the importance of relationship in effective social work practice. Building from this, Jordan (2004) notes several components necessary for relational-cultural supervision:

- Mutual empathy
- Creation of a safe context for shared learning, and the avoidance of shame.
- Vulnerability of the supervisor
- Fluidity – collaborative feeling/experience
- Awareness of, and as much as possible, avoidance of, relational images which prevent growth (for example, ideas that therapists should be issue-free themselves, or that they should always behave in connected ways). (Jordan, 2004).

Abernethy and Cook also outline essential components of quality supervision in the RCT model, which include mutual empowerment, mutual empathy, and relational authenticity. The authors outline specifics in the supervision experience with a focus on maintaining connection between supervisor and supervisee, and avoiding shame and the resultant disconnection:

“...supervisors collaborate with vulnerability to form connection. With an RCT approach, they are open and flexible, accept uncertainty, and demonstrate an ability to learn alongside the supervisee.” (Abernethy and Cook, 2011, p. 10). Further, the authors note that RCT in the supervisory environment includes “a safe environment of mutual empathy to disclose concerns, sensitivity to the power differential and vulnerabilities of both parties, and an environment of mutual learning.” (Abernethy and Cook, 2011, p. 11). Porter et al. note that feminist supervisors “illuminate the process of self-examination by remaining open and non-defensive during reflexive dialogue and by self-disclosing in ways that benefit the supervisees” (1998, p. 164).

As in the therapeutic relationship, part of the supervisory relationship is mutual commitment to move through the work together, making a commitment to stay on the journey together, despite disconnections. The commitment to work through issues that arise, and to move back to connection, is part of how the supervisor models to the supervisee the mutuality of the

relationship. Other features of relational competence that are part of the supervisory relationship include: movement toward mutuality and empathy; openness to influence; connection as a priority; anticipatory empathy, noticing and caring about our impact on others; relational curiosity; and experiencing vulnerability (Jordan in Jordan et al., 2004). These features combine to define the supervisory relationship and set the tone of the importance of relationship in effective social work practice.

Lenz (2014) offers a specific outline for the application of RCT skills to supervision and identifies three areas for application: language, conceptualization, and therapeutic techniques. Language involves the use of RCT terms in supervision when describing clinical phenomenon, and Lenz notes that the ability to name observances can be powerful to the supervisee (2014, p. 7). Conceptualization relates to the supervisor modeling in supervision, skills which supervisees can then apply to their work with clients. Lenz notes that because supervision is often provided in settings which may not represent RCT values, ideals and approaches, “conceptual flexibility” is often required (Lenz, 2014, p. 7-8).

It is proposed that there are additional features required for effective social work supervision in the Relational-Cultural approach, in addition to those outlined as necessary for effective therapeutic relationships. It is proposed that energy, endurance, setting/system management, issues/politic management, and sensitivity to cultural differences and styles are additional features to be considered. A high level of self-awareness is required, as well as Relational-Cultural expertise, including the ability to manage and work through disconnection. And of course, good supervisors possess the ability to work with a wide variety of work styles, approaches to practice, and personality types. A few of these components will be further examined below.

Power in Supervision and RCT

Central to a positive supervisory relationship is the acknowledgement and continued attention to the role of power in the relationship. Feminist ideology is critical to an RCT understanding of power in supervision, as feminist supervisors “illuminate the process of self-examination by remaining open and non-defensive during reflexive dialogue and by self-disclosing in ways that benefit the supervisees” (Porter & Vasquez, 1997, p. 164). Abernethy and Cook (2011) note that RCT does not imply equivalence of roles in therapy or in supervision, nor does it imply that the power differentials should be ignored or dismissed. Rather, power differentials should be brought to the forefront when appropriate. They state that “mutual empathy in a supervisory setting is reception, joining, empathic interaction, and the ability to anticipate empathy”, all of which serves to recognize the power and expertise of each person in the dyad. (Abernethy & Cook, 2011, p. 7). Mangione, Mears, Vincent, and Hawes (2011), in noting the work of Porter and Vasquez (1997), outline the following principles for feminist supervision:

1. attention to issues of power;
2. collaborative relationships;
3. reflexivity on the part of the supervisor and between supervisor and supervisee;
and
4. authenticity and openness on the part of the supervisor. (p. 142)

Brock (as cited in Walker, 2008) proposed a power-power relationship, where we feel present and alive in our ability “to influence and participate in shaping the world” (p. 133). Walker (2008) notes that discovering how to “relate to and through the power that one has” (p. 133) is supported in RCT. Walker’s notions of power—which have at their roots the elements of

growth-producing relationships and include mutual empowerment—are applicable to a new understanding of the supervisory relationship. She notes the importance of reflection, connecting with affect, and being open to allowing oneself to be influenced by the other (Walker, 2008). Lazzari et al. (2009) outlines a perspective for feminist social work leadership which includes a “working with or beside” relationship, as opposed to a supervisory or expert type role (p. 353).

RCT’s concepts of power are also relevant when understanding the role of the supervisor not only as instructor/leader, but also as learner. Downs (2006), in one of the few writings specific to RCT and supervision, notes that supervision within RCT is “grounded in mutual respect, a sense of shared purpose, openness to influence and a basic belief in the value of relational connection” (p.1). Downs (2006) suggests that RCT supervision is creative, relational, growth-producing, and modeling of the client-therapist relationship. Additionally, RCT “power over” versus “power with” themes can be applied to supervision, where the supervisor is seen as having a specific role that includes the assumption of some level of authority of both knowledge and position, while still being open to learning and being impacted by the ideas and experiences of others, most notably, supervisees. This approach changes the supervision experience to one of mutual learning and growth, as opposed to one where the supervisor is compelled to be the expert and immune to the influence of the supervisee’s ideas and experiences.

Lenz (2014) notes the importance of *supported vulnerability* in the RCT model of supervision. He observes that the hierarchical nature of supervision places the influence of the supervisor over that of the supervisee, which may impact the supervisee’s willingness to share professional experiences which are difficult. A relationship of *supported vulnerability* allows the supervisee to explore areas which may require further skill development, but could ultimately improves work with clients (Lenz, 2014).

RCT's concepts of power are also relevant when understanding the role of the supervisor not only as instructor/leader, but also as learner. "Power over" versus "power with" themes can be applied to supervision, where the supervisor is seen as having a specific role that includes the assumption of some level of authority of both knowledge and position, but is still open to learning and being impacted by the ideas and experiences of others.

The Role of Empathy and Avoidance of Shame in Supervision

RCT focuses on the role of empathy in the building of all relationships, and certainly this is applicable to the supervisory relationship. As previously noted, empathy in the RCT model is the cognitive skill which allows us to "know" another person's experience and supports the other person in way that precludes them from feeling unloved/unworthy of love. ("Glossary of Relational-Cultural Theory," JBMTI, n.d.). In the supervisory relationship, the meaning of love may be related to feelings of authenticity, competence and worthiness. Empathy also includes an understanding of strategies of connection and disconnection, including those present in the supervisory relationship. Abernathy and Cook (2011) note that "mutual empathy additionally involves empathy of the supervisor for the supervisee's strategies of disconnection by recognizing the sources of those strategies and respecting them as coping efforts" (p. 7).

Also central to the supervisory relationship is the avoidance of shaming of the supervisee by the supervisor. RCT has long-recognized the negative impact of shame on relationships (insert citations). When shame is present, relational growth is impeded.

Shaming can occur unwittingly when supervisors are not attuned to power dynamics in the supervisory relationship or in the larger culture. Some supervisors processed with little awareness of social forces of stratification and marginalization, as if individuals exist in a vacuum. Supervisees, partly because they are in positions of less power,

sometimes are not free to represent their own perspectives (e.g., as a woman, as a person of color, or as a lesbian or gay therapist) . (Jordan, 2004, p. 25)

Fletcher, Jordan and Miller (2000) define the concept of “empathetic teaching” as collaborative in nature and involving the use of the individual’s skills and experiences as the way to provide information, teaching skills, guidance, and direction without shame (Fletcher, Jordan and Miller, 2000; Jordan and Romney, 2005). Certainly these same principles apply to the supervision experience.

Cultural Competence and RCT

The development of RCT has included an intentional and specific focus on diversity-related issues. In addition to the understanding of power and privilege as they relate to race in American society, there is interest in understanding other components which may present as relational barriers. Specifically, how do people experience difference? How are differences manifested in relationships? What are the ways in which differences can be acknowledged and worked through? The following will examine the RCT literature as it relates to multiculturalism/diversity/cultural competence.

Frey notes that the literature related to RCT and multicultural and cross-cultural application is expanding with time (e.g., Coll, Cook–Nobles, & Surrey, 1997; Rosen, 1997; Tatum, 1997; Turner, 1997; Vasquez, 2006; Walker, 2004b; Walls, 2004 as cited in Frey, L. L. (2013). Birrell and Freyd note RCT’s unique approach to understanding and helping individuals and groups:

RCT theorists emphasize that a more contextual approach to the helping process aimed at ameliorating the adverse impact of various forms of cultural oppression,

marginalization, and social injustice has many positive implications for individual clients and 'the wider context of community and the social world. (Birrell and Freyd, 2006, p 50).

Relational movement and relational awareness are at the core of cultural competency. Cornstock et al. (2008) note that much can be learned from relational development by understanding one's own racial/cultural/social identities. Cornstock et al. reflect that RCT has served as a theoretical framework

from which to promote the concept of mutual empathy as key to healing and relational transformation in therapy, as well as in other relational/professional contexts, including the work counselors do as multicultural/social justice advocates, consultants, and organizational development agents (2008, p. 281).

RCT begins with an understanding of the human experience as culturally bound. Garcia Coll points out that every culture has values, traditions, and patterns which impact ways of being; cultural norms around autonomy vs symbiosis, norms around language and movement, expression of emotion and even, ways of thinking. (Garcia Coll, 1992, paper 59). Further Garcia Coll notes "racial and ethnic identity processes are as much a part of the dominant as well as the oppressed "view of the self" (Garcia Coll, 1992, p. 6; Tatum, 1992). Thus, RCT understands cross racial/cultural connections and disconnections as a dynamic process between two different individuals/groups, each of whom bring their histories and experiences to the present interaction. Neither is immune from the social norms and cultural context of the larger society.

Disconnections. RCT acknowledges that disconnections are an expected part of any relationship, including the therapeutic relationship. Disconnections take on added layers of meaning when there are racial/cultural differences between individuals or groups. Cornstock

(2006) notes that such relational failures “are particularly painful for the more vulnerable person in the relationship and particularly for those clients who come from marginalized and devalued racial/cultural groups in contemporary society” (Cornstock, et al, 2006 in Cornstock et al 2008, p. 282).

Controlling Images. One specific concept noted in the RCT diversity-related literature is RCT’s concept of controlling images (Frey, 2013, Collins, 1990). Controlling images are “Images constructed by the dominant group that represent distortions of the non-dominant cultural group being depicted, with the intent of disempowering them.” (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.; Collins 1990) Frey (2013) introduces the concept of controlling images as part of an RCT framework related to understanding power in a cultural context.

Central Relational Paradox. As previously indicated, *central relational paradox* is the idea that individuals who have experienced repeated disconnection learn to keep aspects of themselves out of relationship, despite their desire for more relationship. While the strategies used to keep oneself out of relationship are seen as adaptive in the RCT model, the result is an inauthentic relationship absent of mutuality, which becomes another source of disconnection (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.). This concept takes on added complexity when understanding the intricacy of cross-racial/cross-cultural connections. For example, Garcia Coll describes “cultural mistrust”, where members of minority groups have experienced a lack of trust by members of the dominant group (1992, p. 6). She points to existing evidence related to minority clients’ high dropout rates from counseling when the therapist is white (in Coll, 1992, p. 6). An RCT framework understands such mistrust as having developed and adapted from survival strategies which serve to protect individuals.

Working Through Issues of Difference. There are two perspectives from which to approach relational cross-cultural/cross racial interactions; first, the helper's own self-awareness and sensitivity to issues of difference and power; and second, the client's racial identity process, pre-conceived constructs of her/his own experience and the experience of other(s) in the relationship. The opportunity to grow through connection is present for the client as well as the therapist. Jordan writes, "While some mutual empathy involves an acknowledgement of sameness in the other, an appreciation of the differentness of the other's experience is also vital. The movement toward the other's differentness is actually central to growth in relationships and also can provide a powerful sense of validation for both self and other. Growth occurs because as I stretch to match or understand your experience, something new is acknowledged or grows in me" (Jordan, 1995, p. 57).

Day-Vines, et al. (2007) note the importance of counselors first understanding their own level of racial identity development, followed then by an understanding of their clients' level of racial identity development. Further, the authors also propose that it's the counselor's responsibility to broach racial identity issues, and to be ready to hear the complexity of client response. Cornstock et al. (2008) note that despite the good intentions and hard work of many counselors in the counseling process, clients may respond to issues of difference by adhering "to distorted expectations of how others will respond to them" (p. 283). The authors indicate that in the RCT model, "these expectations are often not irrational, unfounded, and unreasonable. In many situations, such expectations are based on clients' past experiences with chronic and abusive disconnections with others, various forms of cultural oppression and social injustices, internalized oppression, or any combination of these factors" (Cornstock, et al, 2008, p. 283).

RCT and Cross Cultural Considerations for Supervision

This paper proposes that both the therapist's/social worker's and client's use of self, openness to honest communication about differences, presence of mutual empathy, and understandings of oppression and power have direct correlations with the supervisor-supervisee relationship. Cornstock, et al. (2008) apply RCT to multicultural/cross-cultural engagement with clients, but their work has many components which can be applied to concepts in cross cultural social work supervision. For example, the authors note the relationship between RCT and cultural competency:

... examining culture based relational disconnections is one way to promote counselors; relational, multicultural and social justice counseling competencies. These competencies are grounded in an awareness and knowledge of the ways in which cultural oppression, marginalization, and various forms of social injustice lead to feelings of isolation, shame and humiliation among persons from devalued groups (Cornstock et al, 2008, p. 280).

Such an approach is perfectly aligned with social work values and ethics, and social work's long-standing appreciation of the experience of oppressed individuals and groups. RCT serves to link what social workers have always "known" with a language and framework that moves towards relational healing.

The relational courage of the supervisor can help to build positive supervisory relationships, especially when working with racial and cultural differences. RCT provides conceptual language on which to build for complex conversations which deepen the supervisor-supervisee experience and, through parallel process, improve the social worker's relationship with the client. Supervision can and should be a place to explore concepts such as controlling images and central relational paradox. For example, Frey (2013) notes that the concept of

controlling images can be used to understand issues of privilege and “isms” and how these factors are present in the therapeutic dyad.

Supervision can also be a place to think about and work through trust issues which appear in therapeutic relationships. RCT espouses an approach which takes into consideration the societal factors that have been a part of cross cultural interactions. Abernathy and Cook note that in cross cultural supervision, “Gaining trust comes with sensitivity to societal and contextual influences, dialogue about fear, shame, and suspicion, and acknowledgement of the desire for connection” (Abernathy and Cook, 2011, p. 11). Cornstock et al. (2008) propose several suggestions for working through the mistrust of multicultural counseling settings, including:

- Recognizing where mutual engagement is possible, “despite what individuals have been taught to expect by the larger culture” (2008, p. 283)
- “Encouraging counselors who are privileged and/or members of the dominant group to understand what they have been taught to expect from marginalized members of society” (2008, p. 284).
- Recognition that both the counselor and client “are mutually challenged to collectively work through the results of historical mistrust that have been engendered between persons in different racial/cultural groups” (2008, p. 284).
- Understand how current cultures of fear work to divide us and maintain “a defensive preoccupation with being invulnerable, or safe in armed isolation” [Jordan, 2005, p. 1-2 in Cornstock, 2008, p. 285).

Mentoring’s Application to Social Work Supervision

RCT has addressed a theoretical application to mentoring (Fletcher and Ragins, 2010; Swartz and Holloway, 2012; Liang, B., Tracy, A. J., Taylor, C. A., & Williams, L. M. , 2002;.

Rhodes, J. E., Spencer, R., Keller, T. E., Liang, B., & Noam, G., 2006; Spencer, 2006; Spencer, 2007), which has parallels to some components of social work supervision. While a full review of mentoring literature is beyond the scope of this project, reference to one specific theoretical application is worth noting. Fletcher and Ragins (2007) propose that the uni-dimensional construct of the mentee benefiting from the mentoring relationship does not recognize how the mentor is impacted in the relationship. Instead, they propose the concept of *relational mentoring*, which “makes visible the reciprocal and mutual nature of high-quality relationships and highlights areas of mentoring research that call for more exploration, such as specific *outcomes* that accrue to the mentor, the *functions* provided by the protégé, and the relational *microprocesses* that can generate growth, learning, and development for both mentors and protégés.” (Fletcher and Ragins, 2007, p. 374). The mutuality seen in this perspective certainly has application to the supervisor-supervisee relationship in social work; might we move toward a concept of “relational supervision”?

Agency Related Challenges

RCT originated from the work of clinicians in private practice and mental health settings. With the expansion of RCT theoretical components to other settings and types of work, it is necessary to describe the differences in the settings and the potential impact of working within the model. There are complexities in implementation of the theoretical approach in agency settings which may not be present in private practice work.

RCT application to other settings (e.g. agencies, educational institutions) is an ongoing work in progress for those at the Jean Baker Miller Institute and beyond. While there is no literature that formally applies RCT to agency-based social work supervision, RCT has been applied to clinical supervision in private practice settings (Abernethy & Cook, 2011; Fletcher,

Jordan, & Miller, 2000; Jordan, 2004; Mangione et al., 2011), to understanding agency dynamics (Fletcher, 1999; Hartling & Sparks, 2008), and to mentoring relationships (Fletcher and Ragins, 2010; Swartz and Holloway, 2012; Liang, B., Tracy, A. J., Taylor, C. A., & Williams, L. M. , 2002;. Rhodes, J. E., Spencer, R., Keller, T. E., Liang, B., & Noam, G., 2006; Spencer, 2006; Spencer, 2007). In addition, RCT has been applied to understanding race and culture and their impact on relationships (Cornstock, et. al., 2006, 2008; Garcia Coll, 1992; Jordan, 1986; Jordan & Romney, 2005; Walker, 2008). The unique feature of social work practice is that it often addresses individual, agency, and multicultural work simultaneously. The following exploration will apply RCT to components of social work practice encountered in supervision which include the factors which impact practice in contemporary social work agencies. The current state of social work practice, the complexities of maintaining connection, the impact of connection in social service agencies, and the unique role of the supervisor in providing supervision in agencies while operating relationally, provide unique challenges. Thus, an overview of current conditions of social work practice is relevant in understanding the conditions under which modern social work practice occurs. These conditions impact the quality of social work services provided and the ability to be fully invested in social work clinical interactions in a truly Relational-Cultural manner.

Private practice is just one setting where social workers practice, but the vast majority of social workers work in non-private practice settings. (Occupational Outlook Handbook: Social Workers, JBMTI, n.d.). Agency social work settings are very different from the private practice setting. In agency settings, there may be one or many social workers in a department, the department may or may not have social work department leadership, and such leadership may or may not include a clinical supervisor. Increasingly, clinical supervision may not be available at

all, even in settings where such supervision has traditionally been an inherent feature of the setting's work (for example, health, mental health and substance abuse settings). Increasingly, social workers in agency based settings are paying privately for social work supervision outside of their agency. Many social workers may not be interested or motivated or required to pursue clinical licensing, which then reduces the opportunity to experience of a relationally focused supervision. Supervision, particularly in many busy, understaffed settings, consists only of advisement on priority cases and task supervision. Paying attention to the "self" of the individual worker is not prioritized, and so workers often are clinically isolated – little if any attention is being paid to the quality of work provided as long as program requirements are met. Further, attention to the clinical development of social workers is often not supported as a result of the lack of available time, educational opportunities, and formal clinical supervision. Social workers may work in settings where their voice and power is limited; for example, Globerman and Bogo (1995) note that social workers in hospital settings are often in the position of responding to change, as opposed to being the change agent (p. 27). Finally, the effects of the economy on agencies providing social work services cannot be underestimated. Practice experience indicates that many social service agencies, particularly those that serve a traditional, often low income population, rarely have the staff and other resources needed to truly provide a high quality product to their clients. General supervision is the most that can be done, if this is even available, and clinical supervision is seen as elusive icing on the cake. Because staff turnover can be frequent, agency motivation to well train and invest deeply in workers is diminished. Agency finances for quality conferences (e.g. national conferences, which typically have added travel and hotel expenses) are increasingly rare.

Relational-Cultural theory is focused on the development of connected, growth producing relationships, and good supervisors help to cultivate the “five good things” (zest through connection, ability to take action, increased self and other awareness, increased sense of worth, and desire for more connections) in their supervisees . Part of working in the model is to engage in mutual growth producing relationships. The reality of social work practice in agencies is that not everyone is invested in the work in the same manner. Part of the supervisory role is to provide advice and leadership regarding the investment of emotional energy; it’s possible that there are some team members, some systems, and some problems may not be mutually invested in relational work. In contrast to many psychotherapy focused settings, social workers typically work in settings that are far more chaotic and may include multiple disciplines, foci, or other issues dominating them. There may or may not be a shared social work vision. Hartling and Sparks note that in many non-relational settings, “all relational energy is cannibalized by overwhelming caseloads, inadequate resources, or constant crisis” (2008, 170). The authors articulate a type of workplace culture where survival is the relational stance. “Survival cultures” often occur in mental health settings where “clinicians become chronically overwhelmed or overburdened by the demands of their jobs” and abandon relational practices in an effort to survive. (Hartling and Sparks, 2008, p.180). Certainly these features are present in many social work settings.

Hartling and Sparks provide a framework for understanding attempts to work relationally in a “non-relational world”. The authors note that workers can experience the opposite of Jean Baker Miller’s proposed “five good things” when working in a “culture of disconnection”. (2008, 169-170):

- Diminished energy for the work we are doing,

- Feeling disempowered or stifled in our ability to take action on behalf of our clients, ourselves or others,
- Less clarity and more confusion about others and ourselves
- Diminished sense of worth and
- A desire to withdraw from or defend against relationships in these settings (2008, 169-170).

Making Agency Impact with RCT

RCT recognizes that emotional development and well-being occurs in relationship to relationships and environment. Thus, the same values and ideals which apply to the therapeutic setting would also apply to relationships within a work setting. “Mutual change and responsiveness are at the core of the relational-cultural understanding of what creates growth and creativity both in therapy and at work” (Jordan and Romney, 2005, p. 202). RCT proposes that individuals and groups “are most productive and creative when we can bring ourselves authentically and fully into relationships and interactions” (Jordan and Romney, 2005, p. 203).

So what are realistic agency-related Relational-Cultural goals? First, RCT proposes a conceptual shift from thinking about relational activities as unimportant to relational activities and behaviors seen as the core of an agency’s strength. Jordan and Romney (2005) note that what is seen as the “soft” work of organizations is often overlooked or devalued. Fletcher(1999) notes that relational work is often seen as the work of women, and is deemed as less important to success and achieving results as strategies which prioritize individual achievement. She suggests that much of the relational work “gets disappeared” as women’s work, as opposed to seeing it as a valuable contribution to group goals. Jordan and Romney note that many organizational issues involve the less powerful feeling shamed or silenced (2005, p. 206). “RCT recognizes that at

the organizational level, most people are not invited into full authenticity, that lines of power restrict the quality of authenticity that can exist. But within these bounds, organizations are seen to be healthier when managers listen to and take in the experiences of those they supervisor, and when workers feel that they ‘matter’ in the organization” (Jordan and Romney, 2005, p. 204).

Jordan and Romney note that just as there is value in “reworking disconnections” at the individual client level, personal/cultural disconnections at the organizational level being reworked can result in growth. (Jordan and Romney, 2005, p. 202; Fletcher 1999).

Second, and related to the first, the application of RCT to organizations, includes understanding what RCT brings related to power, race and culture, and the damage that traditional patriarchal thinking does to the workers in organizations, and to the organization as a whole.

The workplace may become a place of empowerment and validation when real change in traditional, patriarchal organizational principles take place....the RCT organizational model emphasizes the importance of context and empowering women to question invisible and implicit values and rules of conduct that may be at odds with their own...we embrace a model that does not automatically privilege the existing rules and culture but emphasizes the importance of mutual change an growth (Jordan and Romney, 2005, p. 202).

Third, to achieve relational goals in the management of individual and organizational disconnections, RCT “does not promise warm, cozy, and immediately comfortable outcomes” (Jordan and Romney, 2005, p. 200) and recognizes that conflict is often a part of growth.

Jean Baker Miller introduced the concept of “good conflict”, which suggests that growth occurs in the experiences of working through disconnection (Jean Baker Miller, 1976, Jordan and

Romney, 2005). Jordan and Romney note that “good conflict does not involve aggression (the intention to hurt or control the other) or dominance over another person (i.e., the intention to suppress the other’s experience)” (Jordan and Romney, 2005, p. 203). The authors point out that “if an acute disconnection occurs and the less powerful person can represent his or her experience of the disconnection to the more powerful person, and the more powerful person can respond in a way that makes it clear that the less powerful person has been heard and valued, then the connection is strengthened and both people experience an enhanced sense of relational competence” (Jordan and Romney, 2005, p. 203-204.). In a similar way, Hartling and Sparks (2008) speak to the idea of “healthy opposition” which relates to the way in which conflict moves individuals and organizations in a relational direction. “Healthy opposition involves holding the potential or vision of connection in the relationship while creating the conditions in which movement, change or growth can occur in the situation” (2008, p. 184).

Fourth, RCT notes the value of modeling positive relationships in the therapeutic dyad and it is proposed that the same modeling can be applied to organizational dynamics. Supervisees learn much about social work leadership and broader social work practice from their agency experiences and their supervisors themselves, in addition to what is learned from direct client work. Supervisors have a specific clinical role in setting the tone and serving as an example in negotiating agency setting issues. Social workers have a specific voice in moving the agency to a more relational stance, where possible. Hartling and Sterling note that “connection, collaboration, and collective action” are essential components of transforming these environments into more relational settings (Hartling and Sparks 2008, p. 182). Further, the authors note that work settings should not be seen as either relational or non-relational, but should rather be seen as complex settings with multiple layers of relationship. “We can use our

skills to become aware of and empathetic with the strategies of survival that are triggered in ourselves and others when working in difficult settings, and use these insights to begin to facilitate movement or constructive change in these work environments” (Hartling and Sparks, 2008, p. 170).

Fifth, the work of Joyce Fletcher has informed RCT with regard to application to organizations. Fletcher (1999), in a groundbreaking study of the experience of women in architecture firm, notes and names many features of the unique contributions of women which furthered the work and overall project goals. While the setting for the study is different from that of social work agencies, her analysis of organizational dynamics applies to many work settings. For example, Fletcher (1999) identifies four behaviors of relational practice in organizations

- Preserving. Preserving relates to protection of the work/project and the completion of tasks related to keeping the project safe and moving forward.
- Mutual empowerment. Mutual empowerment is the efforts made to empower and support others in achieving project effectiveness.
- Self-achieving. Self-achieving is the efforts made to empower oneself to work on and achieve project goals.
- Creating team. Creating team are the tasks and activities related to sustaining the team to achieve project goals. (Fletcher 1999, p. 49). (See Fletcher, 1999, p. 85 for specific examples of these types of behaviors in practice.)

Each and all of these roles are inherent in social work practice and supervision in agency settings. In fact, these types of tasks/roles/functions are at the heart of high quality supervision in agencies. Based on her observations and analysis, Fletcher (1999) also offers eight skills required for improving relational competence in the workplace:

1. Empathetic competence – ability to understand other’s experiences and perspectives.
2. Emotional competence – ability to understand and interpret emotional data and use it appropriately to achieve work-related goals.
3. Authenticity – ability to “access and express” one’s own thoughts and feelings.
4. Fluid experience- ability to “move easily from expert to non-expert”. Genuine openness to learning from and with others. Includes giving credit to others for their contributions.
5. Vulnerability-Comfort with not always being the expert; asking for help when needed.
6. Embedding outcome – ability to “empower and contribute” to other’s development.
7. Holistic thinking – ability to synthesize thinking, feeling and actions.
8. Response-ability - ability to “engage with and respond to others while holding on to one’s own reality” (Fletcher, 1999, p. 86).

Again, these skills are consistent with the skills and behaviors of social workers in agencies and those required of the social work supervisor in agencies. Further application of these themes is beyond the scope of the literature review portion of this dissertation project but will be included in the second paper in the dissertation series.

Finally, RCT is often misunderstood as proposing an organizational model without hierarchy or power. This is, however, not the case; it is understood that organizations need roles and structure in order to operate and that this will result in a chain of command. What is proposed is that there is an ongoing awareness of organizational power dynamics and their paternalistic patterns, an openness for all levels of staff to be influenced and affected by one another (mutuality), a genuine interest in the experience of those with less power, and the ability for staff to have their authentic self/experience reflected in the organization.

Additional Considerations for Application of Relational-Cultural Theory to Social Work Supervision

It is proposed that there are additional features required for effective social work supervision in the Relational-Cultural approach, in addition to those outlined as necessary for effective therapeutic relationships. Attributes such as energy, endurance, system management, issues/politic management, and sensitivity to cultural differences and styles are additional features to be considered. A high level of self-awareness is required, as well as Relational-Cultural expertise, including the ability to manage and work through disconnection. And of course, good supervisors must possess the ability to work with a wide variety of work styles, approaches to practice, and personality types. It is proposed that there are also considerations for social work supervision that differ from the therapeutic process. Self-disclosure and use of self are two such examples. In a therapy setting, appropriate, albeit limited, self-disclosure can exist, but the primary focus is on the client and the client's process. Similar features are true for the supervisory relationship; however, there are not yet rules for this type of issue in the theoretical approach. Working together on a daily basis, results in more disclosure between supervisor and supervisee than is common and acceptable within the client-clinician relationship. In the supervisor-supervisee relationship, each gets to know much more about the other's personal style, family life, feelings re agency issues etc., and there are more opportunities to see and know one another under a range of circumstances. The flow of connection to disconnection and back to connection is active and ongoing. All of this requires a new framework and context in which to understand and define social work supervision. Relational-Cultural theory is focused on the development of growth producing relationships, and good supervisors help to cultivate the "five good things" in their supervisees. Part of working in the model is to engage in mutual growth

producing relationships. The reality of social work practice in agencies is that not everyone is invested in the work in the same manner. Part of the supervisory role is to provide advice and leadership regarding the investment of emotional energy; it's possible that there are some team members, some systems, and some problems that are just not worth trying to engage relationally, as mutual investment seems unlikely. Supervisees learn much about social work leadership and broader social work practice from agency experience and the supervisors themselves, in addition to what is learned from direct client work.

Conclusion

The role of the social work supervisor is a critical link to ensuring that the social worker is supported and through this, that the client receives high quality services. RCT represents a largely unexplored application to social work supervision theory. The literature review provided offers a context through which RCT may be applied to social work supervision which includes a feminist lens which carefully considers the impact of race and culture, components which are not solidly found in traditional social work supervision literature, but are hallmarks of social work practice. The intersection of the two concept areas provides a direction for contemporary social work supervision in social work agencies. The literature supports an approach which moves agency social work supervision theory in a new direction, informed by RCT components, more compatible with client and workers experience in contemporary social work agency settings. Further theoretical application is needed for understanding RCT and social work supervision as aligned approaches to improving the supervision experience and ultimately, improving the client experience. Such application includes understanding the unique attributes and challenges faced in agency-based social work supervision, and the development of a collaborative "working with" model which will explore Fletcher's (1999) skills of relational competence in the workplace. An

RCT-informed social work model of supervision also includes an understanding of issues related to power differentials and racial/cultural differences, as well as relational themes such as empathy and mutuality. Ultimately, RCT-informed social work supervision focuses on the growth of both supervisor and supervisee, and contributes to work-related “five good things” (Miller, 1976).

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ACCOMPANYING PAPER

Abstract: A literature review exploring social work supervision and Relational-Cultural Theory (RTC) provides the context and background for a working application of RCT to social work supervision. RTC, with its emphasis on mutual, growth producing relationships as the source of individual and community well-being, provides a context in which to develop a model of social work supervision that focuses explicitly on the critical yet complex nature of relationship. Emphasis will be placed on understanding the unique attributes and challenges faced in agency-based social work supervision, and a collaborative “working with” model is proposed. Issues related to power differentials and racial/cultural differences will be highlighted, and, a case vignette which highlights the interaction between supervisor and supervisee will be utilized to demonstrate a model of RCT based social work supervision.

It is proposed that Relational-Cultural Theory (RCT) provides important tenants for social work supervision as it is centered on the quality of one's relational experience. This paper will outline traditional and contemporary social work supervision theory, provide background and review basic concepts of RCT, and offer a model of social work supervision which is grounded in RCT.

Social work supervision has existed since the profession's beginnings in the United States (Tsui, 2005). In the last 50 years, strong theoretical frameworks for supervision have been provided by several social work leaders, including Munson, Shulman, and Kadushin. Despite this extensive, albeit rather general, focus, there are significant un- or underexplored components of supervision and the supervisory process. Specifically, relational qualities grounded in emerging feminist theory and issues related to cultural competence have not been sufficiently explored in the literature to date.

RCT provides a contemporary theoretical perspective through which social work supervision can be viewed. RCT is focused on the relational quality of experiences, the healing and work done within such experiences, and the prospect for future relational growth. Further, proponents of RCT recognize the impact of race and culture in relational experiences and demonstrate a willingness to examine these often difficult areas. RCT posits that growth-producing relationships result in additional growth-producing relationships. In light of this proposition, it makes sense that the social work supervision experience should be a central growth-producing experience in social work practice, and that attention to supervision experiences would result in enhanced effectiveness with clients. It is proposed that the literature review and theoretical application which follows, with its focus on supervision theory and RCT,

including features related to cultural differences and cultural competence, will further contemporary social work supervision theory and practice.

How does Relational-Cultural Theory apply to and strengthen social work supervision? This paper will address the gaps in literature and theory by exploring contemporary themes of supervision through RCT's feminist lens, inclusive of cultural competence issues. Staff social work supervision in contemporary agency settings will be highlighted, including medical and behavioral health agencies which have faced numerous structural and fiscal changes in recent years. Agency based social work supervision often includes but is not limited to, clinical functions. Bogo and McKnight (2006) point out the lack of recent literature regarding social work supervision and comment that supervision literature, practice, and research is not building. They hypothesize that the absence of social work supervision literature is likely linked to hospital/agency cost-cutting practices, lack of reimbursement for social work services, and agency or department downsizing and re-organization (Bogo & McKnight, 2006).

It is proposed in this paper that RCT provides an unexplored application to social work supervision theory. RCT provides a framework for understanding social work supervision through a feminist lens which carefully considers the impact of race and culture, components which are not solidly found in traditional social work supervision literature. The intersection of the two concept areas – social work supervision and Relational-Cultural Theory - provides a direction for contemporary social work supervision in social work agencies. An examination of the literature in the areas of social work supervision theory, RCT, and cultural competence theory will provide the backdrop for the development of an RCT-informed theoretical approach to supervision.

Literature Review

This literature review includes an examination of the critical literature in three main areas: social work supervision, Relational-Cultural Theory, and cultural competence. Such a review provides a context for understanding contemporary perspectives and modern day applications. The literature review will examine the topic of social work supervision through the lens of Relational-Cultural Theory (RCT) with the intention of answering the following research question: How does Relational-Cultural Theory apply to and strengthen social work supervision and the supervisory relationship?

The formal literature review was conducted in 2012-2013 using the following search terms: “social work supervision” and “social work and cultural competence”. Search engines utilized included google scholar, JSTOR, and Scopus, using search dates 2002-2012. The same search engines were utilized to search “Relational-Cultural Theory” but without date limitations. Additional literature was selected from earlier dates as appropriate or recommended. The Jean Baker Miller Training Institute website was used as both a direct reference, and for the identification of additional resources, including the “works in progress” papers.

What is Social Work Supervision?

The definition of social work supervision has evolved to what appears to be general agreement in the literature that there are three basic functions of social work supervision: educational functions, supportive functions, and administrative functions (Kadushin & Harkness, 2002; Munson, 2002; Shulman, 1993). Educational supervision focuses on improving supervisees’ knowledge and skills through developing greater self-awareness (Barker, 1995; Munson, 2002; Bogo & McKnight, 2006) as well as direct teaching about all aspects of social work, including practice with the client, the team, the professional environment, and the relevant

political and social systems (American Board of Examiners in Clinical Social Work, 2004).

Supportive supervision provides encouragement, reassurance, and autonomy (Kadushin & Harkness, 2002) in an attempt to maintain social workers' morale and job satisfaction (Bogo & McKnight, 2008). Administrative supervision includes the overseeing of cases, monitoring of assessments, intervention planning, and ongoing work to assist social workers in implementing agency policies and procedures and working within the structure of the agency (Bogo & McKnight, 2008; Shulman, 1993). Bogo and McKnight (2008) note that administrative supervision is designed to ensure the public that competent practice and effective service is delivered. Finally, administrative supervision involves evaluation of work performance, including career advancement and salary considerations (Gibelman & Schervish, 1997).

Several authors (Shulman, 1993; Bogo and McKnight, 2006; Gibelman & Schervish,, 1998) note the distinction between agency-based social work supervision which includes educational, supportive, and administrative functions, and clinical social work supervision which emphasizes educational and supportive supervision and is less likely to focus on administrative functions. While supervision in agencies continues to include clinical supervision, Bogo and McKnight (2006) suggest that there is an emerging trend of diminishing time devoted to clinical supervision, while placing emphasis on task-related aspects of supervision. In their review of the social work supervision literature, Bogo and McKnight (2006) point out this emerging distinction between agency supervision and clinical supervision:

Gibelman and Schervish (1997) . . . defined clinical supervision as not necessarily agency-based or concerned with practice in an agency context. Rather, clinical supervision focuses on the dynamics of the client situation and the social worker's

interventions. Hence it is more likely to include only educational and supportive features (as cited in Bogo and McNight, 2006, p. 52).

The focus of this paper will be agency-based social work supervision, inclusive of clinical, educational, and administrative features. It is proposed that the features of agency work include additional supervisory concerns and elements which may not be present in “pure” clinical supervision, especially when compared to a private practice context. Bogo and McNight (2006) note that the “supervision of workers is provided to ensure that services to clients are offered in an effective and efficient manner. When educational and supportive functions are provided, they are in the service of this broader goal” (p. 50). It is proposed that the unique features of agency supervision, including agency agendas and politics, agency stress and function/dysfunction, and the role of the social work supervisor as a middle manager, bring unique relational challenges which call for updated theoretical attention.

Contemporary Social Work Supervision Theory

While a full review of the history of social work supervision is beyond the scope of this paper, it is appropriate to review contemporary themes in the social work supervision literature. Such review provides a context for understanding the appropriateness of a RCT-informed supervision model.

After 2000, social work supervision theory reflected an emphasis on inclusion of relational components in supervision. While the purpose of supervision remained twofold: (a) to foster the supervisee’s professional development and (b) to ensure client welfare (Bernard and Goodyear, 2014), the quality of the supervisory relationship was seen as the mechanism for achieving the desired results. Additionally, there was recognition that changes in the world have impacted social work practice and social work supervision, including technological advances,

funding changes which impact agencies and methods of practice, and changing client demographics. As a result, there has been a greater awareness that the agency has a role in the supervisory relationship; and issues of diversity and cultural competence in both client-worker and supervisor-supervisee relationships are informed by social work's understanding of cultural competence. The rationale for quality supervision is the continued social work practice goal of providing high quality services to clients. Specific components of supervision will be examined in this section, including parallel process, supervisee expectation, the co-development of a supervisory relationship and the impact of external factors on supervision.

Parallel Process. To achieve the intended clinical outcomes, the literature reflects continued understanding that some of what may be occurring in the supervisory process reflects what is occurring between social worker and client. The notion of a simultaneous reflective process in supervision which mirrors the client experience with the social worker was first noted by Searles (1955) but later was further developed by Ekstein and Wallerstein (1958) who coined the concept "parallel process" which became a standard concept in social work supervision theory (Miller and Twomey, 1999; Ganzer and Ornstein, 2004; Goldstein, E., Miehl, D., & Ringell, S., 2009; Shulman, 1993). Shulman (2010) argues that parallel process is central to the supervisory process, and that the skills and responsiveness demonstrated within the context of the supervisory relationship can potentially model what should ideally occur between social workers and their clients.

Supervisee Expectations. Supervision theory has generally derived from the perspectives of supervisors and the voice of the supervisee was not prevalent until relatively recently. The contemporary supervision literature reflects greater concern with the supervisee experience. What are the components of supervision most valued by supervisees? Bruce and

Austin (2001) identified the following components in the literature, which contribute to a satisfactory social work supervision experience: “(1) when the agency provides a supportive and clearly understood work environment; (2) when supervisors exercise leadership and authority based on competence and position; and (3) when workers feel supported by their supervisors” (p. 87-88).

Bogo and McNight (2006) note:

Supervisors are prized who (a) are available, (b) are knowledgeable about tasks and skills and can relate these techniques to theory, (c) hold practice perspectives and expectations about service delivery similar to the supervisee's, (d) provide support and encourage professional growth, (e) delegate responsibility to supervisees who can do the task, (f) serve as a professional role model, and (g) communicate in a mutual and interactive supervisory style (Bogo and McNight, 2006, p. 59).

Toward a Co-Developed Supervisory Relationship. It appears that recent literature on supervision has become more egalitarian in nature (Brookfield, 2005; Noble & Irwin, 2009). Literature suggests a movement from the supervisor-expert/supervisee-learner dynamic of traditional supervision to a co-developed relationship. Perhaps the most influential contemporary social work supervision theory is Shulman's theory of “interactional supervision” (Shulman, 1978;. Shulman, Robinson, & Luckyj, 1981;Shulman, 1993; Shulman, 1984, 1991, 2010). In the most recent edition of his classic *Interactional Supervision* textbook, Shulman (2010) outlines the theory of “interactional supervision” which includes five components:

1. an interactional process in which the worker plays an active part in influencing the behavior of the supervisor and the outcome of the process.

2. common or constant elements across settings, disciplines, populations, and problems.
3. universal dynamics and skills that apply to different modes of interactions, including individual and group supervision.
4. parallels between supervision and other helping relationships.
5. supervisor-supervisee working relationship as the medium through which a supervisor can partially influence the outcomes of practice. (p. 12)

Harkness (1997) notes, in one study of the impact of interactional supervision, that supervisors support social workers in supervision specifically through empathy and problem solving skills. He defines empathy in supervision as “sensing workers' feelings and understanding their frustrations,” and notes that problem solving includes a “firm grasp of policy and procedure in the agency, sorting out and examining workers' concerns, and offering suggestions for consideration” (Harkness, 1997, p. 48).

A movement to a more egalitarian stance is consistent with the influence of feminism and the movement to raise awareness and reduce power differentials. The ability of supervisee and supervisor to participate equally and authentically in the supervisory relationship and the quality of the supervisory relationship is directly related to the quality of services provided and consistent with feminist approaches such as RCT (Jordan, Hartling, & Walker, 2004). Miehls (2010) discusses the movement from traditional supervision theories which have their basis in psychoanalytic roots and include such notions as parallel process. He maintains that social work supervision theory has shifted to be more informed by relational and trauma theories, which

focus on mutuality, growth, and healing and occur within a co-created partnership between clinician and client.

Flexible Supervision Styles. The contemporary literature also reflects a movement toward a more flexible supervisory style, based on the needs of the individual worker. Bernard describes a model of supervision called “The Discrimination Model” which outlines specific foci on which supervisors might concentrate, and identifies roles supervisors might adopt], based on supervisee strengths and challenges and the goals of supervision. (Bernard 1979, 1997: Bernard and Goodyear, 2014). Bernard and Goodyear (2014) define foci as the areas to which supervisors attend based on the supervisee and include the following:

- Intervention – what the supervisee is doing in the session that is observable by the supervisor, what skill levels are being demonstrate, how well counseling interventions are delivered, and so on
- Conceptualization – how the supervises understands what is occurring in the session, identifies patterns, or choose interventions, all of which are covert processes
- Personalization – how their supervises interfaces a personal style with counseling at the same time that he or she attempts to keep counseling uncontaminated by personal issues and countertransference responses (2014, p. 52).

Bernard and Goodyear (2014) define the roles that emerge when a supervisor has determined supervisee abilities as a means of achieving clinical goals.

- Teacher – a role assumed when their supervisor believes that the supervisee needs structure and includes instruction modeling, and giving direct feedback
- Counselor – a role assumed when the supervisor wishes to enhance the supervisee reflexivity, especially about their internal reality rather than cognitions

- Consultant – a more collegial role assumed when the supervisor wishes for supervisees to trust their own insights and feelings about their work, or when the supervisor believes it is important to challenge supervisees to think and act on their own (Bernard and Goodyear, 2014, p. 52).

The fluid and adaptive nature of social work supervision, with the client always at the center of supervision goals, is at the heart of good clinical practice. Good social work supervision is relational, ultimately. It is with this perspective to social work supervision that a formal application of Relational-Cultural Theory will be proposed.

Relational-Cultural Theory (RCT)

RCT, a feminist theoretical and practice approach has continued to gain ground in therapeutic settings since its introduction in the 1980s. While making a significant contribution to psychological theory and therapeutic practice, the application of the model to a variety of settings and populations is still a work in progress. This paper will explore the model and its components and apply it to social work supervision. It is proposed that the model is well-suited for social work supervision, but that there are additional unique features of supervision that require further development of the theoretical integration between RCT and supervision.

History of the Relational-Cultural Model

In 1976, psychiatrist Jean Baker Miller published a groundbreaking book, *Toward a New Psychology of Women*, which spoke to the unique power of relationship and of women's experiences in relationships and in the world. In it, she notes that, with all their strengths and challenges and despite their substantial influence in people's lives, relationships had not been given proper attention in traditional psychological theory. Thus, she hypothesized that the focus

on relationships and one's experience in relationships was devalued in the world, in personal experience, and certainly in psychological theory and practice. Such devaluation has profound consequences on individuals and their corresponding ability to maintain healthy relationships which are at the core of emotional health.

In the 1970s, Miller—together with Judith Jordan, Irene Stiver, and Janet Surrey—began meeting and further exploring relational themes. Their work resulted in the founding of the Stone Center at Wellesley College, which grew into a center for feminist thinking, development of theory, and practice of the model. Initially called *self-in-relation* theory, the approach morphed to the Relational-Cultural model to reflect convictions that culture acted as a premier component of relationship. Frey notes that RCT differs from traditional psychodynamic theory in that it is firmly rooted in feminist theory and social justice, and focuses on relationship as a central developmental concept, but shares similarities with the process features of contemporary psychodynamic theory (2013, p. 178). Frey observes that RCT fits with the feminist counseling principles outlined by Enns (2004):

- (a) privileging client perspectives and lived experiences and viewing clients as capable collaborators in moving toward strength-based change;
- (b) emphasizing an egalitarian client-counselor relationship, along with a concurrent awareness of the impact of power differentials related to the counselor and client roles;
- (c) valuing diversity, with an emphasis on exploring the complexity of intersecting social and cultural identities and therapist self-reflection regarding personal privilege and its impact on the counseling process and relationship;
- (d) modeling and fostering personal, interpersonal, and sociopolitical empowerment (Morrow & Hawxhurst, 1998); and

(e) focusing on change rather than adjustment as the goal of counseling, with an emphasis on the overlap between personal issues and broader sociopolitical and socioeconomic considerations (see Enns, 2004, pp. 19–42 for a discussion of all principles). (Enns 2004 as cited in Frey 2013, p.177)

The Stone Center for Developmental Services and Studies was established in 1981 at Wellesley College, with Jean Baker Miller as the Director. In 1995, the Jean Baker Miller Training Institute was created from a merger of the Stone Center and Wellesley Center for Research on Women and was named for Miller in honor of her profound impact on the model (“Our History”, JBMTI, 2014). The work has continued to grow through the contributions of the remaining original group members as well as through many others who have seen the relevancy of the approach. The institute now has over 100 works in direct publication, many in the form of “works in progress” papers, numerous books, and has been cited in over 6,500 publications (“Impact”, JBMTI, n.d., para. 2).

Overview of RCT

RCT focuses on the quality of human relationships; the relationship is seen as the source of healthy emotional growth. RCT maintains the following premises:

- traditional psychological models do not match women’s (human) experience;
- the goal of development is to become engaged in growth-fostering relationships;
- relatedness and connectedness are critical components to healthy development;
- the value of relationships is often minimized in traditional theories, and women are made to feel ashamed of efforts/focus on emotional connections. (“The Development of Relational-Cultural Theory, JBMTI, n.d.)

Themes of connection and disconnection are at the center of the model. RCT maintains that human beings are wired to move in the direction of connection and growth-producing relationships. When disconnection occurs, its consequences include emotional pain, isolation, and damaged trust; and such disconnection can impact one's ability to move forward in other relationships. The goal of all human development, it is maintained, is to develop connected, growth-producing relationships as connected relationships lead to more connected relationships, which contribute to positive emotional growth. The analysis of disconnection, and achieving or re-achieving connection, are at the center of therapeutic work. In contrast to traditional psychological models which emphasize self-sufficiency, Jordan (2004) notes that "the story of our preoccupation with self-sufficiency and autonomy is largely the story of our woundedness, the extent to which the cultural standards of development have warped our natural search for safe and growth-enhancing connection" (p. 48). Miller, in *Toward a New Psychology of Women* (1976), identifies five good things that come from connected, growth-producing relationships:

- a sense of zest that comes from connecting with another person;
- the ability and motivation to take action in the relationship, as well as in other situations;
- increased knowledge of oneself and the other person;
- an increased sense of worth; and
- a desire for more connections beyond the particular one.

The Relational-Cultural model focuses on the experience of relationship and the impact that relationships have on development and on one's life experience. Experiences in previous relationships shape and impact one's current relationships. Past relationships and the growth, pain, or isolation experienced within them, result in "relational images" which then are carried

forth to other relationships. RCT proposes that individuals and groups “are most productive and creative when we can bring ourselves authentically and fully into relationships and interactions” (Jordan & Romney, 2005, p. 203). Central to therapeutic work are the behaviors and attitude of the therapist, which serve as a model for relational experiences.

RCT identifies culture as a central feature to human development. In RCT, culture is not an “add on”, it is central to personal growth (or lack thereof), and impacts intervention (Jordan, personal communications, February 4, 2015). RCT understands social isolation, pain and suffering as inclusive of the impact of societal stratification. RCT also names cultural privilege as contributing to the societal and experiential value of relationships. In the United States, those with cultural privilege can appear more self-sufficient, healthier, and more worthy of privilege, while conversely, those who have less cultural privilege are viewed as deficient and needy (McIntosh, 1988; McIntosh, 1990). The impact on individuals who lack cultural privilege and may have a different experience, background, or approach, is an experience of feeling “less than” or “different from.” RCT challenges traditional Euro-American values and proposes multiple ways of being valued, emphasizing that our relational experiences are far more impactful than societal messaging.

Key themes. The Relational-Cultural approach has several key themes that drive theoretical perspective and practice. The definitions of the themes most applicable to this study are as follows:

- *Mutuality*: Respect and openness to change and responsiveness. Mutuality is not the same as equality (Jordan & Walker; as cited in Jordan et al., 2004).

- *Authenticity*: The capacity to fully represent oneself in a relationship; to bring one's real experiences, thoughts, and feelings into the relationship ("Glossary of Relational-Cultural Theory," JBMTI, n.d.).
- *Relational images*: The collection of ideas and experiences we have about relationships, based on past relationships ("Glossary of Relational-Cultural Theory," JBMTI, n.d.).
- *Shame*: When one feels that he/she is no longer worthy of empathy or love ("Glossary of Relational-Cultural Theory, JBMTI, n.d.).
- *Connection*: The experience of a relationship that is characterized by mutual empathy and mutual empowerment. This involves emotional accessibility ("Glossary of Relational-Cultural Theory," JBMTI, n.d.).
- *Disconnection*: The experience of a ruptured relationship, which may include hurt, disappointment, violation ("Glossary of Relational-Cultural Theory," JBMTI, n.d.).
- *Empathy*: A complex affective-cognitive skill that allows us to "know" (resonate, feel, sense, cognitively grasp) another person's experience. ("Glossary of Relational-Cultural Theory," JBMTI, n.d.).
- *Humiliation*: An experience where one is made to feel unworthy of connection, placed in a "power under" position, where one experiences feelings of devaluation and disgrace (Hartling, Rosen, Walker, & Jordan; as cited in in Jordan et al., 2004).
- *Mutual involvement*: Speaks to the need to receive support from others *and* the participation in one another's growth. Mutual involvement is not the same as dependency (Jordan, 2004).

RCT also focuses on "instrumental myths", which are the ideas that we have as a result of our socialization, and that represent our idealized ways of being which prioritize separation and

competition, and minimize the value of relational ways of being. These instrumental myths include the following:

- myth of unilateral change (in an interaction, the less powerful person is changed);
- myth that hierarchy and ranking produces incentives and that people assume their places based on virtue or merit;
- myth that power over others creates safety;
- myth that rational engagement is superior to and at odds with emotional responsiveness.

(Jordan in Jordan, et al., 2004).

The model speaks of “relational flow”, which is the movement in relationships; the cycle of connection, observance of, attention to, and repair of disconnection, and movement back to connection. When one experiences that reconnection is possible, self-esteem remains intact, one can be authentic in the relationship, and trust is built to move into other relationships.

Another concept of central importance in RCT is that of “central relational paradox”, a concept which speaks to the yearning for relationship which is accompanied by fear and previous experiences that lead individuals to behave in a manner which keeps them out of the relationship. RCT notes that such behaviors are protective strategies of disconnection and acknowledges how they become *strategies of survival*. The paradox is that, “The individual alters herself or himself to fit in with the expectations and wishes of the other person, and in the process, the relationship itself loses authenticity and mutuality, becoming another source of disconnection” (“Our Work”, JBMTI, n.d.).

Relational Goals, Relational Awareness and Relational Competence. In our pursuit of connected relationships, we strive for growth-fostering relationships, and ultimately relational competence. Features of such relationships include openness to influence, emotional

availability, mutual respect and responsiveness. “Relational awareness” is the ability of the clinician to participate relationally in the therapeutic experience, and involves self-awareness regarding one’s own patterns of connection and disconnection, the ability to transform flow from disconnection to connection, “being present” with another person and oneself and maintaining an attitude of openness. (Jordan in Jordan et al., 2004). Judith Jordan writes that, “Relational awareness allows people to address imbalances, pains, and failures of mutuality before they become too big, before impasses develop” (Jordan in Jordan et al., 2004, p. 60). On the continuum of relational work, relational competence is the goal. Relational competence is demonstrated when the following attributes are present in the relationship:

- movement toward mutuality and empathy
- openness to influence
- connection as a priority
- anticipatory empathy, noticing and caring about our impact on others;
- relational curiosity
- experiencing vulnerability (Jordan in Jordan et al., 2004).

Characteristics of the Relational-Cultural Clinician. In Relational-Cultural therapy, the primary role of the therapist is to facilitate “movement” in the relationship. Movement is the ability to help the client move from experiences of disconnection to experiences of connection, mutuality and authenticity. This is primarily accomplished through therapeutic authenticity, where the therapist stays with the thoughts and feelings occurring in the relationship and movement toward connection. RCT identifies characteristics that are required for effective Relational-Cultural therapy, which include:

- expertise in disconnection
- openness to relationship
- authenticity
- quality of presence
- empathy
- protection of vulnerability
- statement of one's own limits, not limits on client (Miller, Jordan, Stiver, Walker, Surrey & Eldridge, in Jordan, Walker & Hartling, 2004, p. 64-89).

When the therapist exhibits these traits in the clinical encounter, the client experiences connection and empowerment, and is then able to move toward connection in other relationships.

RCT Understanding of Power

RCT provides language and a conceptual construct to understanding power and its impact on relationships. *Power*, within the scope of RCT, is defined as the “capacity to produce a change” (Miller, 1968, p. 198). RCT makes a distinction between “power over,” which is exercised by those with privilege and serves to maintain such privilege through the oppression of others; and “power with,” which is the espousment of collaborative efforts that promote creativity, action and growth (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.). “Power over”, Walker notes, “results in ‘winners’ who attain the social ranking and material accoutrements that signify value” 2008, p. 130). Walker makes the case that “power over” arrangements transform into an accepted hierarchical paradigm where the subordinate voices are marginalized. Miller (as cited in Walker, 2008) notes that traditional understandings of power are deceptive, as they can appear individualistically achieved but are really the result of entire systems of support which are invisible. Those in society who do not have such supports are seen

as “‘less than,’ less competent, less capable, less committed” (Walker 2008, p. 135). Further, Walker (2008) notes that what has been perceived as women’s discomfort with power has been attributed to women’s inadequacies, but might actually be seen as women’s discomfort with “the flaws of the dominant paradigm” (p. 132) and the perception that “power over” comes with relational consequences which may be inconsistent with women’s values. This is not simple work. Walker (2010) spoke to RCT’s unsteady approach in understanding and exploring themes related to power, stating that “Relational-Cultural Theory has grappled with issues of power. I consciously use the word grapple because it connotes collective struggle, political risk, and interpersonal discomfort” (p. 131). However, Walker went on to note, “To disavow power is not an option. The option is to choose how to relate to and through the power that one has” (2010, p. 133).

What is Cultural Competence?

A progression in thinking regarding social work and culture has occurred. Lum (2007) described the progression to culturally competent practice as including ethnic sensitivity, cultural awareness, and cultural diversity. According to the *Encyclopedia of Social Work*, cultural competence in social work is “the capacity to function effectively as a helper in the context of cultural differences” (Cross, 2007 as cited in Cross, 2008, p. 2). Cross, Bazron, Dennis, and Isaacs (1989) have defined cultural competence at the organizational and systems level as “a set of congruent policies, structures, procedures, and practices that together enable and empower social work service providers to work effectively in cross-cultural situations” (para. 2). Derald Wing Sue (2006) defined cultural competence as “the ability to engage in actions or create conditions that maximize the optimal development of client and client systems” (p. 29).

Cross (2008) proposed five conditions for the development of culturally competent practices: “(a) awareness and acceptance of difference, (b) cultural self-awareness, (c) understanding the dynamics of difference, (d) developing cultural knowledge, and (e) adaptation of practice skills to fit the cultural context of the client” (p. 8). Sue (2006) defined culturally competent social work practice as:

the service provider’s acquisition of awareness, knowledge and skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies and organizational structures that are responsive to all groups. (p. 29)

Further, Sue (2006) described cultural competence as occurring in three major domains:

- a) the attitudes/beliefs component – an understanding of one’s own cultural conditioning that affects the beliefs, values and attitudes of a culturally diverse population;
- b) the knowledge component – understanding and knowledge of the worldviews of culturally diverse individuals and groups; and
- c) the skills component – an ability to determine and use culturally appropriate intervention strategies when working with different groups in our society. (pp. 29–30)

Cultural Competence and Supervision

The late 1960s and 1970s saw recognition of the importance of understanding and acknowledging racial differences between social worker and client. This perspective continued through the mid-1980s, in which a few articles examined the role of race and culture in social work supervision (e.g., Ryan & Hendricks, 1989). Contemporary social work supervision theory

includes acknowledgment and valuation of cultural differences and it is generally understood that demographic and cultural differences add unique complexity to all relationships, including supervisory relationships. Tsui (2005) stresses that “social work supervision is a part of a complex theoretical and professional value system and service network situation inside a particular culture. Therefore, it can only be understood as a part of the cultural context of the participants” (p. 46). It is proposed that the impact of race and culture on the supervisory relationship is woven within and throughout any discussion of relationship between supervisor and supervisee.

Application of Relational-Cultural Theory to Social Work Practice and Supervision

This paper examines the major themes of RCT as they pertain to social work supervision in contemporary social work agency practice. It is proposed that Relational-Cultural themes are present in all relationships, including supervisory relationships. A few of these themes, including mutual involvement, shame and humiliation, and relational images, will be examined as examples of concepts to be explored.

RCT brings an understanding of the universal need for connected relationships to psychological theory and an understanding of the human condition and experience. While RCT is becoming more developed with time as it relates to the client experience, little has been written that relates RCT to the social work supervision experience. The following section proposes a beginning framework for application of RCT to social work supervision, including special considerations for working cross-culturally.

The Relational-Cultural Supervisor

Relational-Cultural social work supervision mirrors many of the same components required for effective therapy. The supervisor, similar to the reflective role of the therapist, is in the

position to model desired social work skills in day-to-day routine work and in ongoing social work supervision. “Initial supervisory tasks include the provision of thoughtfulness and respect, holding: the goal of helping the client change, and guiding the supervisee to step into a professional healing role that is imbued with authentic responsiveness” (Jordan, 2004, p. 26).

One of the tenants of effective supervision is to help the supervisee apply to practice the skills learned through supervision. In modern social work settings, such skills are not only traditional clinical skills for therapeutic work, but also the skills needed for successful work with others in the department and intra agency collaboration. Strong social work practice and supervision requires the development of relational competence. Relational competence in the supervisory relationship, similar to in the therapeutic dyad, is demonstrated through movement toward mutuality and empathy; openness to influence; connection as a priority; anticipatory empathy which includes noticing and caring about our impact on others; relational curiosity; and experiencing vulnerability (Jordan in Jordan et al., 2004). These features combine to define the supervisory relationship and set the tone for the importance of relationship in effective social work practice. Building from this, Jordan (2004) notes several components necessary for Relational-Cultural supervision:

- Mutual empathy
- Creation of a safe context for shared learning, and the avoidance of shame.
- Vulnerability of the supervisor
- Fluidity – collaborative feeling/experience
- Awareness of, and as much as possible, avoidance of, relational images which prevent growth (for example, ideas that therapists should be issue-free themselves, or that they should always behave in connected ways). (Jordan, 2004).

Abernethy and Cook also outline essential components of quality supervision within the context of the RCT model, which include mutual empowerment, mutual empathy, and relational authenticity. The authors outline specifics in the supervision experience with a focus on maintaining connection between supervisor and supervisee, and avoiding shame and the resultant disconnection: "...supervisors collaborate with vulnerability to form connection. With an RCT approach, they are open and flexible, accept uncertainty, and demonstrate an ability to learn alongside the supervisee" (Abernethy and Cook, 2011, p. 10). Further, the authors note that RCT in the supervisory environment includes "a safe environment of mutual empathy to disclose concerns, sensitivity to the power differential and vulnerabilities of both parties, and an environment of mutual learning" (Abernethy and Cook, 2011, p. 11). Porter et al. note that feminist supervisors "illuminate the process of self-examination by remaining open and non defensive during reflexive dialogue and by self-disclosing in ways that benefit the supervisees" (1998, p. 164).

As in the therapeutic relationship, part of the supervisory relationship is mutual commitment to move through the work together, making a commitment to stay on the journey together, despite disconnections. The commitment to work through issues that arise, and to move back to connection, is part of how the supervisor models to the supervisee the mutuality of the relationship. Other features of relational competence that are part of the supervisory relationship include: movement toward mutuality and empathy; openness to influence; connection as a priority; anticipatory empathy, noticing and caring about our impact on others; relational curiosity; and experiencing vulnerability (Jordan in Jordan et al., 2004). These features combine to define the supervisory relationship and set the tone of the importance of relationship in effective social work practice.

Lenz (2014) offers a specific outline for the application of RCT skills to supervision and identifies three areas for application: language, conceptualization, and therapeutic techniques. Language involves the use of RCT terms in supervision when describing clinical phenomenon, and Lenz notes that the ability to name observances can be powerful to the supervisee (2014, p. 7). Conceptualization relates to the supervisor modeling in supervision skills which supervisees can then apply to their work with clients. Lenz notes that because supervision is often provided in settings which may not represent RCT values, ideals and approaches, and “conceptual flexibility” is often required (Lenz, 2014, p. 7-8). The third application, therapeutic techniques, involves the use of the strategies identified by Jordan (2010):

- (a) formal and informal relational assessment,
- (b) identifying and working with disconnections,
- (c) developing and working with empathy,
- (d) identifying and working with relational images,
- (e) demonstrating responsiveness and authenticity,
- (f) acknowledging the power of social context and working through related barriers,
- (g) promoting relational resilience through supported vulnerability, and
- (h) evaluating outcomes (Jordan 2010, as cited in Lenz 2014, p. 8).

It is proposed that there are additional features required for effective social work supervision in the Relational-Cultural approach in addition to those outlined as necessary for effective therapeutic relationships. For example, energy, endurance, setting/system management, issues/politic management, and sensitivity to cultural differences and styles are additional features to be considered. A high level of self-awareness is required, as well as Relational-

Cultural expertise, including the ability to manage and work through disconnection. And of course, good supervisors possess the ability to work with a wide variety of work styles, approaches to practice, and personality types. A few of these components will be further examined below.

Power in Supervision and RCT

Theoretical concepts of power continue to develop but remain a central premise of RCT and are applicable to social work supervision. It is proposed in this paper that an RCT approach to supervision would include an understanding of power in the supervisory relationship, including understanding the impact of power on the quality of the relationship. Such acknowledgement may be particularly important when there are racial or cultural differences between supervisor and supervisee, as RCT acknowledges that power and privilege is stratified along lines of race and class in American society. Feminist ideology is the core to an RCT understanding of power in supervision, as feminist supervisors “illuminate the process of self-examination by remaining open and non-defensive during reflexive dialogue and by self-disclosing in ways that benefit the supervisees” (Porter & Vasquez, 1997, p. 164). In typical supervisory relationships, there are real power differentials between supervisor and supervisee, as the supervisor typically has responsibility for performance reviews, has access to connections, has the ability to recommend or deny opportunity. Mutuality does not mean that positions are equal, rather it means that both supervisor and supervisee are invested in the relationship. Abernethy and Cook (2011) note that RCT does not imply equivalence of roles in therapy or in supervision, nor does it imply that the power differentials should be ignored or dismissed. Rather, power differentials should be brought to the forefront when clinically appropriate. They state that “mutual empathy in a supervisory setting is reception, joining, empathic interaction,

and the ability to anticipate empathy”, all of which serves to recognize the power and expertise of each person in the dyad (Abernethy & Cook, 2011, p. 7). Mangione, Mears, Vincent, and Hawes (2011), in noting the work of Porter and Vasquez (1997), outline the following principles for feminist supervision:

1. attention to issues of power;
2. collaborative relationships;
3. reflexivity on the part of the supervisor and between supervisor and supervisee;
and
4. authenticity and openness on the part of the supervisor (p. 142).

Brock (as cited in Walker, 2008) proposed a power-power relationship, where we feel present and alive in our ability “to influence and participate in shaping the world” (p. 133).

Walker (2008) notes that discovering how to “relate to and through the power that one has” (p. 133) is supported in RCT. Walker’s notions of power—which have at their roots the elements of growth-producing relationships and include mutual empowerment—are applicable to a new understanding of the supervisory relationship. She notes the importance of reflection, connecting with affect, and being open to allowing oneself to be influenced by the other (Walker, 2008). Lazzari, Colarossi, & Collins (2009) outline a perspective for feminist social work leadership which includes a “working with or beside” relationship, as opposed to a supervisory or expert type role (p. 353).

RCT’s concepts of power are also relevant when understanding the role of the supervisor not only as instructor/leader, but also as learner. Downs (2006), in one of the few writings specific to RCT and supervision, notes that supervision within RCT is “grounded in mutual respect, a sense of shared purpose, openness to influence and a basic belief in the value of

relational connection” (p.1). Downs (2006) suggests that RCT supervision is creative, relational, growth-producing, and modeling of the client-therapist relationship. Additionally, RCT “power over” versus “power with” themes can be applied to supervision, where the supervisor is seen as having a specific role that includes the assumption of some level of authority of both knowledge and position, while still being open to learning and being impacted by the ideas and experiences of others, most notably, supervisees. This approach changes the supervision experience to one of mutual learning and growth, as opposed to one where the supervisor is compelled to be the expert and immune to the influence of the supervisee’s ideas and experiences.

Lenz (2014) notes the importance of *supported vulnerability* in the RCT model of supervision. He observes that the hierarchical nature of supervision places the influence of the supervisor over that of the supervisee, which may impact the supervisee’s willingness to share professional experiences which are difficult. A relationship of *supported vulnerability*, however, allows the supervisee to explore areas which may require further skill development, but could ultimately improve work with clients (Lenz, 2014).

The Role of Empathy and Avoidance of Shame in Supervision

RCT focuses on the role of empathy in the building of all relationships, and certainly this is applicable to the supervisory relationship. As previously noted, empathy in the RCT model is the cognitive skill which allows us to “know” another person’s experience and supports the other person in ways that preclude them from feeling unloved/unworthy of love. (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.). In the supervisory relationship, the meaning of love may be related to feelings of authenticity, competence and worthiness. Empathy also includes an understanding of strategies of connection and disconnection, including those present in the supervisory relationship. Abernathy and Cook (2011) note that “mutual empathy additionally

involves empathy of the supervisor for the supervisee's strategies of disconnection by recognizing the sources of those strategies and respecting them as coping efforts” (p. 7).

Also central to the supervisory relationship is the avoidance of shaming of the supervisee by the supervisor. Supervisors must be sensitive to the vulnerable position of the supervisee and employ an attitude and style which seeks to avoid shame. RCT has long-recognized the negative impact of shame on relationships (Jordan, 2004, Fletcher, Jordan and Miller, 2000; Jordan and Romney, 2005, Cornstock, et.al. 2008). When shame is present, relational growth is impeded.

Shaming can occur unwittingly when supervisors are not attuned to power dynamics in the supervisory relationship or in the larger culture. Some supervisors processed with little awareness of social forces of stratification and marginalization, as if individuals exist in a vacuum. Supervisees, partly because they are in positions of less power, sometimes are not free to represent their own perspectives (e.g., as a woman, as a person of color, or as a lesbian or gay therapist) (Jordan, 2004, p. 25).

Fletcher, Jordan and Miller (2000) define the concept of “empathetic teaching” as collaborative in nature and involving the use of the individual’s expertise and experiences as the way to provide information, skills, guidance, and direction without shame (Fletcher, Jordan and Miller, 2000; Jordan and Romney, 2005). Certainly these same principles apply to the supervision experience. Empathetic attunement in supervision, as in therapy, can be corrective for shame (Jordan, personal communications, February 4, 2015).

Cultural Competence and RCT

The development of RCT has included an intentional and specific focus on diversity-related issues. In addition to the understanding of power and privilege as they relate to race in American society, there is interest in understanding other components which may present as

relational barriers. Specifically, how do people experience difference? How are differences manifested in relationships? What are the ways in which differences can be acknowledged and worked through? The following will examine the RCT literature as it relates to multiculturalism/diversity/cultural competence.

Frey notes that the literature related to RCT and multicultural and cross-cultural application is expanding with time (e.g., Coll, Cook–Nobles, & Surrey, 1997; Rosen, 1997; Tatum, 1997; Turner, 1997; Vasquez, 2006; Walker, 2004b; Walls, 2004 in Frey, L. L. (2013). Birrell and Freyd note RCT's unique approach to understanding and helping individuals and groups:

RCT theorists emphasize that a more contextual approach to the helping process aimed at ameliorating the adverse impact of various forms of cultural oppression, marginalization, and social injustice has many positive implications for individual clients and 'the wider context of community and the social world' (Birrell and Freyd, 2006, p 50).

Relational movement and relational awareness are at the core of cultural competency. Comstock, Hammer, Strentzsch, Cannon, Parsons, and Salazar (2008). note that much can be learned from relational development by understanding one's own racial/cultural/social identities. Cornstock et al. reflect that RCT has served as a theoretical framework "from which to promote the concept of mutual empathy as key to healing and relational transformation in therapy, as well as in other relational/professional contexts, including the work counselors do as multicultural/social justice advocates, consultants, and organizational development agents" (2008, p. 281).

RCT begins with an understanding of the human experience as culturally bound. Garcia Coll points out that every culture has values, traditions, and patterns which impact ways of being; cultural norms around autonomy vs symbiosis, norms around language and movement, expression of emotion and even, ways of thinking. (Garcia Coll, 1992, paper 59). Further Garcia Coll notes “racial and ethnic identity processes are as much a part of the dominant as well as the oppressed ‘view of the self’” (Garcia Coll, 1992, p. 6; Tatum, 1992). Thus, RCT understands cross racial/cultural connections and disconnections as a dynamic process between two different individuals/groups, each of whom bring their histories and experiences to the present interaction. Neither is immune from the social norms and cultural context of the larger society. RCT supervisors are open to reflection and discussion on the role unearned advantage, privilege, values, traditions, socialization practices has in social work practice, as well as how they may be present in the supervision dynamic.

Disconnections. RCT acknowledges that disconnections are an expected part of any relationship, including the therapeutic relationship. Disconnections take on added layers of meaning when there are racial/cultural differences between individuals or groups. Cornstock (2006) notes that such relational failures “are particularly painful for the more vulnerable person in the relationship and particularly for those clients who come from marginalized and devalued racial/cultural groups in contemporary society” (Cornstock, et al, 2006 in Cornstock et al 2008, p. 282).

Controlling Images. One specific concept noted in the RCT diversity-related literature is RCT’s concept of controlling images (Frey, 2013, Collins, 1990). Controlling images are “Images constructed by the dominant group that represent distortions of the non-dominant cultural group being depicted, with the intent of disempowering them.” (“Glossary of Relational-

Cultural Theory,” JBMTI, n.d.; Collins 1990) Frey (2013) introduces the concept of controlling images as part of an RCT framework related to understanding power in a cultural context.

Central Relational Paradox. As previously indicated, *central relational paradox* is the idea that individuals who have experienced repeated disconnection learn to keep aspects of themselves out of relationship, despite their desire for more relationship. While the strategies used to keep oneself out of relationship are seen as adaptive in the RCT model, the result is an inauthentic relationship absent of mutuality, which becomes another source of disconnection (“Glossary of Relational-Cultural Theory,” JBMTI, n.d.). This concept takes on added complexity when understanding the intricacies of cross-racial/cross-cultural connections. For example, Garcia Coll describes “cultural mistrust”, where members of minority groups have experienced a lack of trust by members of the dominant group (1992, p. 6). She points to existing evidence related to minority clients’ high dropout rates from counseling when the therapist is white (in Coll, 1992, p. 6). An RCT framework understands such mistrust as having developed and adapted from survival strategies which serve to protect individuals.

Working Through Issues of Difference. There are two perspectives from which to approach relational cross-cultural/cross racial interactions; first, the helper’s own self-awareness and sensitivity to issues of difference and power; and second, the client’s racial identity process, pre-conceived constructs of her/his own experience and the experience of other(s) in the relationship. The opportunity to grow through connection is present for the client as well as the therapist. Jordan writes, “While some mutual empathy involves an acknowledgement of sameness in the other, an appreciation of the differentness of the other’s experience is also vital. The movement toward the other’s differentness is actually central to growth in relationships and also can provide a powerful sense of validation for both self and other. Growth occurs because

as I stretch to match or understand your experience, something new is acknowledged or grows in me” (Jordan, 1995, p. 57).

Day-Vines, et al. (2007) note the importance of counselors first understanding their own level of racial identity development, followed then by an understanding of their clients’ level of racial identity development. Further, the authors also propose that it’s the counselor’s responsibility to broach racial identity issues, and to be ready to hear the complexity of client response. Cornstock et al (2008) note that despite the good intentions and hard work of many counselors in the counseling process, clients may respond to issues of difference by adhering “to distorted expectations of how others will respond to them.” (p. 283) The authors indicate that in the RCT model, “these expectations are often not irrational, unfounded, and unreasonable. In many situations, such expectations are based on clients’ past experiences with chronic and abusive disconnections with others, various forms of cultural oppression and social injustices, internalized oppression, or any combination of these factors” (Cornstock, et al, 2008, 283).

RCT and Cross Cultural Considerations for Supervision

This paper proposes that both the therapist’s/social worker’s and client’s use of self, openness to honest communication about differences, presence of mutual empathy, and understandings of oppression and power have direct correlations with the supervisor-supervisee relationship. Cornstock, et al. (2008) apply RCT to multicultural/cross-cultural engagement with clients, but their work has many components which can be applied to concepts in cross cultural social work supervision. For example, the authors note the relationship between RCT and cultural competency:

... examining culture based relational disconnections is one way to promote counselors; relational, multicultural and social justice counseling competencies. These competencies

are grounded in an awareness and knowledge of the ways in which cultural oppression, marginalization, and various forms of social injustice lead to feelings of isolation, shame and humiliation among persons from devalued groups (Cornstock et al. 2008, p. 280).

Such an approach is perfectly aligned with social work values and ethics, and social work's long-standing appreciation of the experience of oppressed individuals and groups. RCT serves to link what social workers have always "known" with a language and framework that moves towards relational healing. Further, RCT maintains that the development of mutually respectful and empathic relationships actually paves the way for social justice (Jordan, personal communications, 2015), a core social work value.

The relational courage of the supervisor can help to build positive supervisory relationships, especially when working with racial and cultural differences. RCT provides conceptual language on which to build complex conversations which deepen the supervisor-supervisee experience and, through parallel process, improve the social worker's relationship with the client. Supervision can and should be a place to explore concepts such as controlling images and central relational paradox. For example, Frey (2013) notes that the concept of controlling images can be used to understand issues of privilege and "isms" and how these factors are present in the therapeutic dyad.

Supervision can also be a place to think about and work through trust issues which appear in therapeutic relationships. RCT espouses an approach which takes into consideration the societal factors that have been a part of cross cultural interactions. Abernathy and Cook note that in cross cultural supervision, "Gaining trust comes with sensitivity to societal and contextual influences, dialogue about fear, shame, and suspicion, and acknowledgement of the desire for

connection” (Abernathy and Cook, 2011, p. 11). Cornstock et al. (2008) propose several suggestions for working through the mistrust of multicultural counseling settings, including:

- Recognizing where mutual engagement is possible, “despite what individuals have been taught to expect by the larger culture” (2008, p. 283)
- Encouraging counselors who are privileged and/or members of the dominant group to “understand what they have been taught to expect from marginalized members of society” (2008, p. 284).
- Recognition that both the counselor and client “are mutually challenged to collectively work through the results of historical mistrust that have been engendered between persons in different racial/cultural groups” (2008, p. 284).
- Understand how current cultures of fear work to divide us and maintain “a defensive preoccupation with being invulnerable, or safe in armed isolation”(Jordan, 2005, p. 1-2 in Cornstock, 2008, p. 285).

Mentoring’s Application to Social Work Supervision

RCT has addressed a theoretical application to mentoring (Fletcher and Ragins, 2007; Swartz and Holloway, 2012; Liang, B., Tracy, A. J., Taylor, C. A., & Williams, L. M. , 2002;. Rhodes, J. E., Spencer, R., Keller, T. E., Liang, B., & Noam, G., 2006; Spencer, 2006; Spencer, 2007), which has parallels to some components of social work supervision. While a full review of mentoring literature is beyond the scope of this paper, reference to one specific theoretical application is worth noting. Fletcher and Ragins (2007) propose that the one-dimensional construct of the mentee benefiting from the mentoring relationship does not recognize how the mentor is impacted in the relationship. Instead, they propose the concept of *relational mentoring*, which “makes visible the reciprocal and mutual nature of high-quality relationships

and highlights areas of mentoring research that call for more exploration, such as specific *outcomes* that accrue to the mentor, the *functions* provided by the protégé, and the relational *microprocesses* that can generate growth, learning, and development for both mentors and protégés.” (Fletcher and Ragins, 2007, p. 374). The mutuality seen in this perspective certainly has application to the supervisor-supervisee relationship in social work; suggesting a move toward a concept of “relational supervision”.

Agency Related Challenges

RCT originated from the work of clinicians in private practice and mental health settings. With the expansion of RCT theoretical components to other settings and types of work, it is necessary to describe the differences in the settings and the potential impact of working within the model. There are complexities in implementation of the theoretical approach in agency settings which may not be present in private practice work.

RCT application to other settings (e.g. agencies, educational institutions) is an ongoing work in progress for those at the Jean Baker Miller Institute and beyond. While there is no literature that formally applies RCT to agency-based social work supervision, RCT has been applied to clinical supervision in private practice settings (Abernethy & Cook, 2011; Fletcher, Jordan, & Miller, 2000; Jordan, 2004; Mangione et al., 2011), to understanding agency dynamics (Fletcher, 1999; Hartling & Sparks, 2008), and to mentoring relationships (Fletcher and Ragins, 2010; Swartz and Holloway, 2012; Liang, B., Tracy, A. J., Taylor, C. A., & Williams, L. M., 2002; Rhodes, J. E., Spencer, R., Keller, T. E., Liang, B., & Noam, G., 2006; Spencer, 2006; Spencer, 2007). In addition, RCT has been applied to understanding race and culture and their impact on relationships (Cornstock, et. al., 2006, 2008; Garcia Coll, 1992; Jordan, 1986; Jordan & Romney, 2005; Walker, 2008). The unique feature of social work practice is that it often

addresses individual, agency, and multicultural work simultaneously. The following exploration will apply RCT to components of social work practice encountered in supervision which include the factors which impact practice in contemporary social work agencies. The current state of social work practice, the complexities of maintaining connection, the impact of connection in social service agencies, and the unique role of the supervisor in providing supervision in agencies while operating relationally, provide unique challenges. Thus, an overview of current conditions of social work practice is relevant in understanding the conditions under which modern social work practice occurs. These conditions impact the quality of social work services provided and the ability to be fully invested in social work clinical interactions in a truly Relational-Cultural manner.

Private practice is just one setting where social workers practice, but the vast majority of social workers work in non-private practice settings (Bureau of Labor Statistics, 2014). Agency social work settings are very different from the private practice setting. In agency settings, there may be one or many social workers in a department, the department may or may not have social work department leadership, and such leadership may or may not include a clinical supervisor. Increasingly, clinical supervision may not be available at all, even in settings where such supervision has traditionally been an inherent feature of the setting's work (for example, health, mental health and substance abuse settings). Increasingly, social workers in agency based settings are paying privately for social work supervision outside of their agency. Many social workers may decide not to pursue clinical licensure, which then reduces the opportunity to experience a relationally focused supervision. Supervision, particularly in many busy, understaffed settings, consists only of advisement on priority cases and task supervision. Paying attention to the "self" of the individual worker is not prioritized, and, as a result, workers often

are clinically isolated – little if any attention is being paid to the quality of work provided as long as program requirements are met. Further, attention to the clinical development of social workers is often not supported as a result of the lack of available time, educational opportunities, and formal clinical supervision. Social workers may work in settings where their voice and power is limited; for example, Globerman and Bogo (1995) note that social workers in hospital settings are often in the position of responding to change, as opposed to being the change agent (p. 27). Finally, the effects of the economy on agencies providing social work services cannot be underestimated. Practice experience indicates that many social service agencies, particularly those that serve a traditional, often low income population, rarely have the staff and other resources needed to truly provide a high quality product to their clients. General task focused supervision is the most that can be done, if this is even available, and clinical supervision is seen as elusive icing on the cake. Because staff turnover can be frequent, agency motivation to well train and invest deeply in workers is diminished. Agency finances for quality conferences (e.g. national conferences, which typically have added travel and hotel expenses) are increasingly rare.

Relational-Cultural Theory is focused on the development of connected, growth producing relationships, and good supervisors help to cultivate the “five good things” in their supervisees. As previously noted, Miller (1976), identified five good things that come from connected, growth-producing relationships: a sense of zest that comes from connecting with another person; the ability and motivation to take action; increased knowledge of oneself and the other person; an increased sense of worth; and a desire for more connections beyond the particular one. Part of working in the model is to engage in mutual, growth producing relationships. The reality of social work practice in agencies is that not everyone is invested in

the work in the same manner. Part of the supervisory role is to provide advice and leadership regarding the investment of emotional energy; it's possible that there are some team members, some systems, and some problems that are just not worth trying to engage relationally, as there will never be a mutual investment. In contrast to many psychotherapy focused settings, social workers typically work in settings that are far more chaotic and may include multiple disciplines, foci, or other issues dominating them. There may or may not be a shared social work vision. Hartling and Sparks note that in many non-relational settings, "all relational energy is cannibalized by overwhelming caseloads, inadequate resources, or constant crisis" (2008, 170). The authors articulate a type of workplace culture where survival is the relational stance. "Survival cultures" often occur in mental health settings where "clinicians become chronically overwhelmed or overburdened by the demands of their jobs" and abandon relational practices in an effort to survive. (Hartling and Sparks, 2008, p. 180). Certainly these features are present in many social work settings.

Hartling and Sparks provide a framework for understanding attempts to work relationally in a "non-relational world". The authors note that workers can experience the opposite of Jean Baker Miller's proposed "five good things" when working in a "culture of disconnection". (2008, 169-170):

- Diminished energy for the work we are doing,
- Feeling disempowered or stifled in our ability to take action on behalf of our clients, ourselves or others,
- Less clarity and more confusion about others and ourselves
- Diminished sense of worth and

- A desire to withdraw from or defend against relationships in these settings (2008, 169-170).

Making Agency Impact with RCT

RCT recognizes that emotional development and well-being occurs in relationship to context. Thus, the same values and ideals which apply to the therapeutic setting would also apply to relationships within a work setting. “Mutual change and responsiveness are at the core of the Relational-Cultural understanding of what creates growth and creativity both in therapy and at work” (Jordan and Romney, 2005, p. 202). RCT proposes that individuals and groups “are most productive and creative when we can bring ourselves authentically and fully into relationships and interactions” (Jordan and Romney, 2005, p. 203).

So what are realistic agency-related Relational-Cultural goals? First, RCT proposes a conceptual shift from thinking about relational activities as unimportant to recognizing relational activities and behaviors as the core of an agency’s strength. Jordan and Romney (2005) note that relational work is seen as the “soft” work of organizations and as such is often overlooked or devalued. Fletcher (1999) notes that relational work is often described as the work of women, and is deemed as less important to success and achieving results as strategies which prioritize individual achievement. She suggests that much of the relational work “gets disappeared” as opposed to seeing it as a valuable contribution to group goals. Jordan and Romney note that many organizational issues involve the shaming or silencing of the less powerful (2005, p. 206). “RCT recognizes that at the organizational level, most people are not invited into full authenticity, that lines of power restrict the quality of authenticity that can exist. But within these bounds, organizations are seen to be healthier when managers listen to and take in the experiences of those they supervisor, and when workers feel that they ‘matter’ in the

organization” (Jordan and Romney, 2005, p. 204). Jordan and Romney note that just as there is value in “reworking disconnections” at the individual client level, personal/cultural disconnections at the organizational level being reworked can result in growth. (Jordan and Romney, 2005, p. 202; Fletcher 1999).

Second, and related to the first, the application of RCT to organizations, includes understanding what RCT brings in relationship to power, race and culture, and the damage that traditional patriarchal thinking does to the workers in organizations, and to the organization as a whole.

The workplace may become a place of empowerment and validation when real change in traditional, patriarchal organizational principles take place....the RCT organizational model emphasizes the importance of context and empowering women to question invisible and implicit values and rules of conduct that may be at odds with their own...we embrace a model that does not automatically privilege the existing rules and culture but emphasizes the importance of mutual change and growth (Jordan and Romney, 2005, p. 202).

Third, to achieve relational goals in the management of individual and organizational disconnections, RCT “does not promise warm, cozy, and immediately comfortable outcomes” (Jordan and Romney, 2005, p. 200) and recognizes that conflict is often a part of growth. Jean Baker Miller introduced the concept of “good conflict”, which suggests that growth occurs in the experiences of working through disconnection (Jean Baker Miller, 1976, Jordan and Romney, 2005). Jordan and Romney note that “good conflict does not involve aggression (the intention to hurt or control the other) or dominance over another person (i.e., the intention to suppress the other’s experience)” (Jordan and Romney, 2005, p. 203). The authors point out that

“if an acute disconnection occurs and the less powerful person can represent his or her experience of the disconnection to the more powerful person, and the more powerful person can respond in a way that makes it clear that the less powerful person has been heard and valued, then the connection is strengthened and both people experience an enhanced sense of relational competence” (Jordan and Romney, 2005, p. 203-204.). In a similar way, Hartling and Sparks (2008) speak to the idea of “healthy opposition” which relates to the way in which conflict moves individuals and organizations in a relational direction. “Healthy opposition involves holding the potential or vision of connection in the relationship while creating the conditions in which movement, change or growth can occur in the situation” (2008, p. 184).

Fourth, RCT notes the value of modeling positive relationships in the therapeutic dyad and it is proposed that the same modeling can be applied to organizational dynamics. Supervisees learn much about social work leadership and broader social work practice from their agency experiences and their supervisors themselves, in addition to what is learned from direct client work. Supervisors have a specific clinical role in setting the tone and serving as an example in negotiating agency setting issues. Social workers have a specific voice in moving the agency to a more relational stance, where possible. Hartling and Sterling note that “connection, collaboration, and collective action” are essential components of transforming these environments into more relational settings (Hartling and Sparks 2008, p. 182). Further, the authors note that work settings should not be seen as either relational or non-relational, but should rather be seen as complex settings with multiple layers of relationship. “We can use our skills to become aware of and empathetic with the strategies of survival that are triggered in ourselves and others when working in difficult settings, and use these insights to begin to

facilitate movement or constructive change in these work environments” (Hartling and Sparks, 2008, p. 170).

Fifth, the work of Joyce Fletcher has informed RCT with regard to application to organizations. Fletcher (1999), in a groundbreaking study of the experience of women in an architecture firm, notes and names many features of the unique contributions of women which furthered the work and overall project goals. While the setting for the study is different from that of social work agencies, her analysis of organizational dynamics applies to many work settings. For example, Fletcher (1999) identifies four behaviors of relational practice in organizations

- Preserving. Preserving relates to protection of the work/project and the completion of tasks related to keeping the project safe and moving forward.
- Mutual empowerment. Mutual empowerment is the efforts made to empower and support others in achieving project effectiveness.
- Self-achieving. Self achieving is the efforts made to empower oneself to work on and achieve project goals.
- Creating team. Creating team are the tasks and activities related to sustaining the team to achieve project goals. (Fletcher 1999, p. 49). (See Fletcher, 1999, p. 85 for specific examples of these types of behaviors in practice.)

Each and all of these roles are inherent in social work practice and supervision in agency settings. In fact, these types of tasks/roles/functions are at the heart of high quality supervision in agencies. Based on her observations and analysis, Fletcher (1999) also offers eight skills required for improving relational competence in the workplace:

1. Empathetic competence – ability to understand other’s experiences and perspectives.

2. Emotional competence – ability to understand and interpret emotional data and use it appropriately to achieve work-related goals.
3. Authenticity – ability to “access and express” one’s own thoughts and feelings.
4. Fluid experience- ability to “move easily from expert to non-expert”. Genuine openness to learning from and with others. Includes giving credit to others for their contributions.
5. Vulnerability-Comfort with not always being the expert; asking for help when needed.
6. Embedding outcome – ability to “empower and contribute” to other’s development.
7. Holistic thinking – ability to synthesize thinking, feeling and actions.
8. Response-ability - ability to “engage with and respond to others while holding on to one’s own reality” (Fletcher, 1999, p. 86).

Again, these skills are consistent with the skills and behaviors of social workers in agencies and those required of the social work supervisor in agencies. Further application of these themes is beyond the scope of the literature review portion of this dissertation project but will be included in the second paper in the dissertation series.

Finally, RCT is often misunderstood as proposing an organizational model without hierarchy or power. This is, however, not the case; it is understood that organizations need roles and structure in order to operate and that this will result in a chain of command. What is proposed is that there is an ongoing awareness of organizational power dynamics and their paternalistic patterns, an openness for all levels of staff to be influenced and affected by one another (mutuality), a genuine interest in the experience of those with less power, and the ability for staff to have their authentic self/experience reflected in the organization.

Additional Considerations for Application of Relational-Cultural Theory to Social Work Supervision

It is proposed that there are additional features required for effective social work supervision in the Relational-Cultural approach, in addition to those outlined as necessary for effective therapeutic relationships. In an RCT model of social work supervision, a high level of self-awareness is required, as well as Relational-Cultural theoretical expertise, including the ability to manage and work through disconnection. Supervisors must possess the ability to work with a wide variety of work styles, approaches to practice, and personality types; and an RCT approach demands additional practice components as core features of the model. For example, attributes such as energy, endurance, agency/system management, issues/politic management, and sensitivity to cultural differences and styles are considered in the provision of RCT agency social work supervision. It is also proposed that there are considerations for social work supervision in agencies that differ from the therapeutic setting. Self-disclosure and use of self may be different from setting to setting. For example, in a therapy setting, the expectation of limited and disciplined self-disclosure exists, and the primary focus is on the client and the client's process, and the setting and interventions are specific and time-defined (for example, held within a one hour counseling session). Similar features are true for the supervisory relationship in an agency; however, these types of variances of theoretical nuance are not yet reflected in the RCT literature. Working together on a daily basis, results in more disclosure between supervisor and supervisee than is common and acceptable within the client-clinician relationship. In the supervisor-supervisee relationship, each gets to know much more about the other's personal style, family life, feelings re agency issues etc., and there are more opportunities to see and know one another under a range of circumstances. The flow of connection to disconnection and back to connection is active and ongoing. All of this requires a new framework and context in which to understand and define social work supervision

Practice Implications for Social Work Supervision

Relational-Cultural Theory is focused on the development of growth producing relationships, and good supervisors help to cultivate the “five good things” in their supervisees. Part of working in the model is to engage in mutual, growth producing relationships. The reality of social work practice in agencies is that not everyone is invested in the work in the same manner. Part of the supervisory role is to provide advice and leadership regarding the investment of emotional energy; having clear focus helps keep the client at the center of the clinical work. Supervisees learn much about social work leadership and broader social work practice from agency experience and the supervisors themselves, in addition to what is learned from direct client work.

The following vignette describes a typical scenario found in health care agencies where social work services are provided by a care team. The case example will be used to demonstrate the impact of an RCT “working with” approach to social work supervision.

Jade was a young African-American social worker in a community health agency. She had demonstrated strong social work skill in her practice and she and her Caucasian supervisor, Elizabeth, enjoyed a positive dynamic relationship. Jade had a particularly challenging case in her practice; a client, Thomas, had experienced multiple traumas, was diagnosed with personality disorders, and had other mental health and substance use issues, in addition to complex medical needs. It was difficult to provide medical care, homecare services, and social work services to Thomas, as he unreliably participated in the established care plan, continued to display drug seeking behaviors, and was experienced as manipulative by the care team that included a Caucasian nurse practitioner, an African American nurse, a Caucasian female home health care director, and a Caucasian male administrator. The team members were in conflict on determining the appropriate direction of care and in determining appropriate limits for behavior management. Further, agency leadership believed there was a risk in continuing to provide care to such a difficult client, as he was occasionally verbally and even physically threatening to staff, manipulative of the agency’s resources, and did not adhere to the care plan to which he agreed.

The supervisory experience focused on supporting the social work practice underway, affirming Jade’s judgment and approach, and articulating social work’s unique perspective on the case. While Jade recognized the concerns expressed by the agency administrators and echoed by her

other team members, she strongly believed that Thomas needed the services of the agency and in many ways represented the very type of client the agency was designed to serve. Helping Jade to become more confident and articulate in expressing to the team Thomas's needs and her own commitment to addressing those needs became an important focus of supervision. Ultimately, Jade's input became critical in enabling the team to adopt an approach to working with Thomas which reduced, but did not eliminate, harm to the client and risk to the agency. Once the team joined Jade in committing to work with Thomas, structural supports were put in place, such as meeting with the client at designated days and times, consistent messaging from all team members regarding behavioral issues, and improved description of goals in the care plan which reflected the limitations of the client's capacity for adherence. The experience of Jade and Elizabeth working together in advocating on behalf of the client while remaining cognizant of the team and agency concerns became a demonstration of the mutual involvement of both supervisor and supervisee in achieving the mission of the agency to benefit the client.

Mutual Involvement

As previously described, *mutuality* is, "The concept in RCT suggesting that we grow toward an increased capacity for respect, having an impact on the other, and being open to being changed by the other... it is a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible (Miller and Stiver, 1997 as cited in "Our Work", JBMTI, n.d.). Mutual involvement speaks to the connection between individuals which results in growth for both, Mutual involvement also reflects the ways that supervisor and supervisee are invested in the supervision relationship as well as in the agency and the client population served. Commitment to agency mission, clarity of social work function and purpose, and formal ongoing supervisory sessions are all opportunities to nurture mutual involvement. In non-host agencies, it also comes to mean the ways in which social work is united in approach, sometimes in conflict with other disciplines or approaches. Mutual involvement then, becomes more of a mission focused perspective, where the supervisor and supervisee are working together, mutually involved, in the best interest of the client or agency. Such actions and behaviors result in building and solidifying the supervisory relationship, and both supervisor and supervisee are impacted by the experience.

The case of Thomas, described above, demonstrates the alignment of supervisor and supervisee on a difficult case, in the context of an agency which had multiple demands and agendas and a team that reflected different perspectives on their ability and responsibility to serve the client. The social worker, Jade, was able to maintain her commitment to the client, in part, due to the presence of the unwavering support of her supervisor; the supervisor demonstrated an investment in the client outcome, despite the fact that her role on the case was different from Jade's.

Shame and Humiliation

Like all relationships, the supervisory relationship can be vulnerable to relational failure. Disconnections occur in every relationship and the capacity to effectively manage disconnections and move toward reconnection is, as has been noted, a central theme of RCT. RCT advocates avoidance of disconnections where possible, caution and care in preventing isolation, and intentionality in moving back to connection through empathy, mutuality and authenticity.

Relational-Cultural Theory identifies shame and humiliation as features leading to, and resulting from, disconnection. As previously indicated, shame is when one feels that he/she is no longer worthy of empathy or love. ("Relational-Cultural Theory: Glossary of Terms", JBMTI, n.d.). Humiliation is the situation where one is made to feel unworthy of connection, placed in a "power under" position, where one experiences feelings of devaluation and disgrace. (Hartling, Rosen, Walker & Jordan in Jordan et al., 2004). While these definitions clearly have a clinical/therapy focus, it is proposed that they can be extended to apply to social work supervision and practice in agencies. One of a supervisor's primary objectives is to create and maintain a safe space in the relationship which allows for mistakes, being candid about the supervisee's learning, and supporting the development of social work practice moving forward.

One critical feature that must be guarded against is the shaming of the supervisee as work is corrected and redirected or as feedback is provided. Jordan notes that to heal shame, “the person suffering with shame must come to believe that another person can respond empathically to his or her experience” (2001, p. 100). Keeping feedback in a cycle of connection is critical, so that the supervisee continues to feel that they can trust the relationship with the supervisor, and is motivated towards continued participation. Managing feedback to minimize shame and humiliation can be challenging for the supervisor. Criticism, even when necessary, often taps into one’s feelings of inadequacy, and often triggers long-standing emotional issues. Strategies that can impact the experience of giving/receiving feedback can include the following: focus on the commitment of the worker to the work, focus on the strengths of the worker, and directing feedback to the specific issue at hand. Where possible, it is useful to utilize data to support the feedback, so that there is an objective component to the feedback. The supervisor’s use of self and demonstration of commitment to both the supervisor-supervisee relationship and the client work are central to maintaining connection and avoiding humiliation. Walking the line between candor and hope is critical to the supervisee hearing the full intended message of future work improvement and possibility.

Referring again to the case of Thomas, described above, there was considerable tension on the team and a tendency to have members of the team pitted against one another and frustrated with one another often due to ambiguity about their specific roles in working with the client. Blaming, shaming, and negative communications appeared in conversations regarding the Thomas’s behaviors and staff reactions. Initially, it was difficult for Jade to maintain perspective, in the context of this tension and the frustration it triggered for her. Social work supervision, in this case, focused on the nature of parallel process, noting that the frustration

experienced by team members with each other was most likely related to the frustration all team members were experiencing with this client. Jade's supervision focused on strategies to avoid the shame and humiliation directed at team members as well as at the client. Jade, and ultimately her team members, were encouraged to engage in "naming" the client issues (trauma, substance use, etc.) and identifying the specific impact that these issues typically have on others in the client's world (adaptive behaviors which are attempts to meet psychological/emotional needs); such an approach was designed to keep the team more consciously focused on the potential for dysfunction, allowing them to thus promote a more adaptive approach with the client. Positive feedback was provided on the difficulties associated with caring for a client like Thomas, and gentle suggestions were offered regarding awareness of the ways in which Thomas was "pushing buttons" for individual team members. Once in place, these strategies appeared to make a difference in the energy and hopefulness of not only Jade, but also the team as a whole.

Relational Images

Relational imagery, the cognitive constructs that one carries from historical relationships into the present relationship, can be significant in social work supervision. Social workers with more experience may particularly have a repertoire of images regarding supervision, the role of the supervisor, the role of social workers within the agency, and their ability to have client and agency impact.

One type of relational imagery that can be particularly complex is that of race and culture. In addition to the actual power differences between supervisor and supervisee, there can also be societal power/privilege issues that play into the supervisory relationship. Supervision can take on added complexity when both workers are aware of the many ways that they may be different from one another, and if some of the behaviors and responses fall in line with what one

knows or has experienced previously (relational images). These complexities can play themselves out in the supervisory relationship as well. For example, an African American social worker may feel protective of African American clients and not want to reveal information in supervision that may portray a particular client situation in a negative light to a Caucasian social work supervisor. Based on previous relational experiences, the African American social worker may anticipate a lack of understanding by a Caucasian to the complexities or lifestyles of a client, and further, may bring previous personal or professional experience to the supervision encounter. Or a supervisee may be hesitant to share components of her personal life to the supervisor, others in the department, or others in the agency, if she feels that her experience is too different from others.

Social work supervisors have often received relatively little training in cross culture connections, and even less training related to supervisory issues. Furthermore, so much of social work practice, including supervision, is the development of skills through experience. The majority of social workers remain White – 85% of licensed social workers and 83% of social workers age 30 or younger are non-Hispanic White - and social work, like most health care professions, is less ethnically diverse (Center for Health Workforce Studies and NASW Center for Workforce Studies, 2006, p. 3). It remains likely that social work supervision is often from a Caucasian supervisor. Social work supervisors have a responsibility to have reflected deeply on their own status and privilege/lack of privilege to effectively lead diverse groups of social workers and to respond appropriately to diverse clients who may present diverse issues.

Another role of the social work supervisor in an RCT approach as it relates to diversity and cross culture work is to provide leadership and role modeling around diversity issues to social work staff and to the agency at large. Social work is often the only discipline that

routinely recognizes risk and protective factors related to race and privilege. Finding and teaching the language to effectively communicate these factors to staff is a central role of the social work supervisor. Social work supervisors cannot assume that social workers have had personal and professional experience working cross culturally, despite social work values and commitment to diversity. Everyone is a product of the society from which they come and social workers are no difference, with their exposure to media, gentrification and race-related access to opportunity.

In the case described above, it was important for Elizabeth, the social work supervisor, to be aware of the relational images present, for herself, for Jade, and for the team, and to identify and acknowledge the potential relational images of the client. During supervision, it was essential that time be spent exploring Jade's ideas and previous experiences in working with clients like Thomas. Deep sensitivity to race-related issues was also required, and considerable time in individual social work supervision should be spent "unpacking" race as a trauma experience for Jade as well as for Thomas. In this way, Thomas's substance use and behavior issues could be seen as adaptive strategies, which, while not desirable, were at least understandable. Because members of the care team were predominately Caucasian, there were additional complexities to the team and agency dynamics, as Jade, an African-American social worker, felt placed in the role of absorbing the team's often negative relational images which had racial connotations. Supervision in this case also required relational courage with regard to racial issues; both the Elizabeth and Jade had to be comfortable talking candidly about race, their own racial differences, and how race was potentially impacting the team. For example, supervision topics included exploration of urban community trauma exposure, the client's family story, understanding of racism as a trauma experience, as well as perceptions of how the other

team members were approaching Thomas's care, potentially related to their own relational images. Working together, this social worker and supervisor were able to use their relationship to name the complexities of race as it impacted the functioning of the team and, as a result, begin to promote sensitivity and compassion toward Thomas, while still responding to the complex and at times conflicting demands of his care.

A Conceptual Framework of Social Work Supervision: An RCT "Working With"

Model

In the preceding discussion, emphasis was placed on a recognition that RCT's approach to understanding power is at the core of a new supervision paradigm. As noted, RCT defines power as the "capacity to produce a change" (Miller, 1968, p. 198) and distinguishes between "power over" and "power with." "Power with" espouses collaborative efforts that promote creativity, action and growth ("Glossary of Relational-Cultural Theory," JBMTI, n.d.).

Walker's (2008) position that perceived female discomfort with power may actually reflect women's discomfort with "the flaws of the dominant paradigm" (p. 132), lays the groundwork for a new supervision paradigm in a field dominated by women, a paradigm that recognizes that "power over" comes with relational consequences which may be inconsistent with feminist values. In this context a "working with"/"power with" approach better fits with the experience and values of social workers.

The concept put forth by Lazzari et al. (2009), "working with or beside" relationship, (p. 353) is well-suited for an RCT informed approach to social work supervision in agencies. Such an approach, if RCT driven, would not dissolve hierarchical differences in the supervisory relationship, but would approach social work practice in a co-developed construct, with ongoing and deep support which comes from a "knowing" of the other's experience, in this case, the

supervisor having had experience with similar situations, caseloads, agency issues, etc. The supervisory role in this model shifts from an “all-knowing” expert, to that of mentor-leader. The relational aspects of “working with” are manifested in the creation of safe spaces to discuss client and agency issues, the physical and psychological presence of the supervisor when needed or requested by the worker, the opportunities for the supervisee to develop and grow professionally, the naming of a common experience when it comes to challenges and frustrations, and the dividing of the work on difficult cases. A side-by-side supervision experience can be deeply supportive and growth producing for a supervisee, as opposed to the “top down” authoritative approach she may have experienced in the past (and about which she still may hold relational images). In a “working with” model, the clinical and professional growth and development of staff is central to the supervisory relationship. Some of the growth, similar to that which occurs in therapy, includes relational repair and modeling.

The case described earlier was an example of “working with”, grounded in Relational-Cultural Theory. Beginning with a positive supervisory relationship, “five good things” were able to be maintained and developed. What began as a team in conflict and a social worker feeling out of control with regard to the clinical issues was transformed into a positive relational experience. A sense of zest, a focus on growth producing relationships, and a desire to take positive action in addressing a client with many difficult issues and a team struggling with how best to provide his care, contributed to the development of a sense of competence (increased sense of worth and increased knowledge of self and other) and potentially, even energy to take on other difficult cases (desire for more connections) on the part of the social worker and other team members. “Working with” did not shy away from the often difficult issue of race and the relational images connected to race, but rather, supervision took on the “hard stuff” through the

mutual trust which was previously established. The supervision model of “working with” supported the social worker in a manner which enabled her to move forward with others in a true relational-cultural manner.

Conclusion

The Relational-Cultural model demands a high level of attention and investment in relationships. This can be exhausting work, and is often unsupported in the social worker’s world (supervisor, agency, family, community). It also requires mutual investment between the social worker and those with whom he/she engages. In large settings, it can feel like there are just too many people with whom relational skills must be engaged. The role of the social work supervisor is a critical link to ensuring that the social worker is supported and through this, that the client receives high quality services.

RCT represents a largely unexplored application to social work supervision theory. RCT potentially provides a strong framework for understanding social work supervision through a feminist lens which carefully considers the impact of race and culture as significant components of supervision which are not solidly found in traditional social work supervision literature, but are hallmarks of social work practice. The intersection of the two concept areas of RCT and social work supervision provide a direction for contemporary social work supervision in social work agencies. The literature supports an approach which moves agency social work supervision theory in a new direction, informed by RCT components which are especially compatible with the experience of clients and workers in contemporary social work agency settings. Such an approach is perfectly aligned with social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence. (Workers, 2008).

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